· ×	1-	FOR STATE REGISTRAR			ST DEPARTMENT OF DICAL EXAMI	HEALTH		NTAL HY	GIENE .)	REG. NO	3	4 9	2
28981	(1)		MARY		MIDDLE ERINE		ER		DEA	TE KNOWN ESTI-		21 <sub>19</sub> 82	2 M
4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			auc.	5. DATE OF BIRTH MONTH DAY Aug 23, 7b. CITIZEN OF W	1902 6. AGE (IN LAST BIRTH			FUNDER 24	PRONC DE	ATE DUNCED AD	5 29 COLIN	21 <sub>19</sub> 82	20.1100%
NECESSA FUNESAL FUNESAL FOR Y W. PRESTO	FC	New York		U.	S.A.	WIDOW		DIVORCED		Prince	Geo	rges	MD.
O O STREET		Bow ie		3303	SPITAL, NURSING HOALITY, GIVE STREET ADDRESS MOYLAN DE	ive	ER INSTITUTI		POR MOST OF Homem		OF WORK	Home	BUSINESS STRY -
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M HON-H		John		MIDDLE	Rogers		Marg	garet		MIDDLE	Fin		
, BALTIMORE, GIVE PAGES WITH FORM P PAGES I AN DIVISION OF	160.	MAS DECEASED EVER ES, NO, OR UNKNOWN)		WED FORCES? WAR OR DATES)	057 - 20 -		Joan		edy,3	ADDRESS 303 Moy	DOW		Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE E CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 JOULD BE FORWARDED TO THE CHIFF AEDICAL EXAMINER AGONG I. DIRECTOR: PRAGE SHOULD BE USED AS A BURIAL-TRANSIT PERMIT I. WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGENE MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	NO	Conditions, if gave rise to cause (a) statin lying cause last	any, which immediate g the <u>under</u>	TE CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	ARTERIOSCI AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TE	E OF				isease			
OF VITAL RECORDS, ATE SHOULD BE EXEC E WORD "PENDING" THE CHIEF MEDICAL ILD BE USED AS A BUB KENT OF HEATTH AN TO BURIAL, CREMATI	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH OP	ERATION W	AS PERFORM	AED?			- 3	20 AUTOPS	
DIVISION OF V S CERTIFICATE ( RITING THE W RDED TO THE E 3 SHOULD B E 23 SHOULD B OI PRIOR TO BI	MEDICAL CER	210. EXTERNAL CALL UNDERLYING CONTRIBUTING 216 INJURY OCCUP	OR CAUSE OF (		A. MONTH DAY YE	AR	OW INJURY (	OCCURRED	(ENTER NATURE O	FINJURY IN ITEM 18 P	PART I OR PA	RT 2}	
DHVISIO THIS CERTIF WRITING WARDED TO AGE 3 SHO TATE DEPAI	MEC	WHILE NOT AT W	WHILE C		OF INJURY (AT HOME, TORY, FARM, ETC.)		STREET		CITY OF	RIOWN	CO	DUNTY	STATE
MEDICAL CCUTE THE GE 4 SHG FUNERA TER DEATH		270. I certify that death resulted Iran ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Natur Hey	ral causes XI.	Hoday	Suicide	Hamicio DITLE (SP	de PECIFY) uty	X, Inqu Undetermined  _MEDICALEX  ayburn	manner .		5/21/1	
04086	(	URIAL, CREMATION, SPECIFY)  Buria	1	5/24/82		ecti	on Ce	em.	C 1 i r	iton. M	1ary	land	STATE
DHMH - 17 (VR A15 ME (5))	74 F	UNERAL DIRECTOR	Bea nnapo	olis Ro.	, Bowie,	Md.	2:	So. MAREC	2 6 198	2 The	wy	ELME	grap.

Remain a Cluc, suc 11,1902 . . . . . Men York Homemaker I lone DEVILOTED TO MESTER .... , .... 2.9 The Lynn K Margaret 27300 Inriol 957-20-0900 Joan Meanery, 2902 Moylan Inc.

Burial \$/24/62 Resurrection Cen. Clinton, Narviano Beall Funeral Home As. 1603D Annapolis Re., Boule, Mc.

Type I describe the second of the second of

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 9 4
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Zu HOOK
y be		ALVIN		ALLEN	May 13, 19	
r. po	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
rso		Male	Negro	Feb 1, 1910	72 YRS	
		RTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	76. CITIZEN OF WHAT COUNTRY?  U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George's	
86		inton		ig home or other institution appression Center	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE  Retired	126 KIND OF BUSINESS OR INDUSTRY Cival Serv.
thin 24 hours	Ma	AL RESIDENCE IN NURSING HOME OR STATE  TYLAND  ATHER'S NAME	Calital He		13e STREET ADDRESS 610 Drum Ave.	
omplet ond ond	_	orace Allen	MIDDLE LAST		Harris Harris	LAST
n and c		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV YES: WII	718-14		ADDRESS 610 ayne Mongomery,	Drum Ave. Capital Heig
es that the death certificate be executed within 24 hours led by the attending physician and completely filled in by please remove carbon papers. Pages I and 2 should be fill unit, cremation, ar removal.	7	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The low require	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	19b CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION OPERATION OF PERFORMED  21c HOW INJURY OCCUR	208 AUTO-SYT 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
IG PHYSICIAN: The I ottending physicion. For this certificate has a the burial-transit per and Mental Hygiene rand mental Hygiene rand mental Hygiene	MEDICAL C	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		19 211 LOCATION	CITY OR TOWN	COUNTY STATE
O HOSPITAL OR ATTENDING PHYSICIAN: The low require etoined by the hospital or ottending physicion.  TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b IMPORTANT. If Hem 21 is marked or Item 18 shows any injury		220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNALITE	or PRINT)	DEGREE	deoth occurred on the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN	9 St. that (1) (we) lost and from the causes stated  22c. DATE SIGNED  5/13/52
2780	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 5-16-82 0	NAME OF GENETERY OR CREMATORY	23d LOCATION STORYON W	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Por On La Marie	la la Ze Ze DAT	E RECD. BY REGISTRAR 256 A) GISTR	A CONTRACTOR

Control Language Control of the Cont els regro /eb 1, 1910 er de la companya de . Francis of Francis res li la collection de autre de la collection de la coll BARRON TO THE RESIDENCE OF THE PROPERTY OF THE CLESS CAN LOS EN SALENDAR DE LA PRINCIPA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA

5	FOR STATE REGISTRAR	DEPARTMENT OF HEA CERTIFIC	F MARYLAND LITH AND MENTAL HYGI ATE OF DEATH	ENE 8 2	1 3 4	9 5
	DECEASED NAME FIRST	MIDDLE LAST		20. DATE OF DEATH MON		26 HOUR
y be	CALV	'IN ANDR	REWS	0	5-28-82	8:50PM
7 EA 3/3	MALE MALE	1 RACE S. DATE OF E MONTH 11	8 1962	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
death. Page	BIRTHPLACE (STATE OR FOREIGN D.C.	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED [ WIDOWED [	NEVER MARRIED	PRINCE GEOR	OUNTY OF DEATH	MD.
by the fu	CHEVERLY	11. NAME OF HOSPITAL, NURSING HOME OR ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PR.GEO. NURSING CARE	OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		F BUSINESS OR
filled in I tould be f	SUAL RESIDENCE (IF NURSING HOME O 36 STATE 136 COUI MD . PRI	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY CE GEORGE 13, CITY OR TOWN	INSIDE CITY LIMITS?	130 STREET ODRESS	DRANT. BF	RADBERRY
completely I and 2 st	FATHER'S NAME GEORGE AN		MOTHER'S MAIDEN NAM	RINE ALSTON	LASI	HG?
rificate be execut g physician and ca an papers. Pages I ewand, the medical	(YES, NO OR UNKNOWN) (IF YES, ON		ORINE AND	ADDRESS REWS4718 QU	ARDRANT S	ST.
equires that the death ce is signed by the attending. Then please remove cold to buriol, cremation, or injury, or other troumatic.		DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  [c]  CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDITIC	ON GIVEN IN PART 1(0	
hos bee t permit. ene priar ows any	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPPRATION V	VAS PERFORMED	206 AUTOPSY? 206	IF YES, WERE FINDIN CERTIFYING CAUSES YES	GS USED OF DEATH?
7 4 6 E E E E	OR CONTRIBUTION CONCE OF DE		It. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)	
After this ce os the burner of the and Me morked or the burner of the burner of the burner or the bu	WHILE OF WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	II. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Spitol ospitol d for us t. of He m 21 is	sow the deceased alive on	The transfer of the transfer o	3-/6, 19 <u>81</u> hat in (my) (our) opinion de GREE	eath occurred on the date o	nd hour and fram the c	
O HOSPITAL OR etoined by the hit TO FUNERAL DIR should be detoche with the State Dep MPORTANT: If her	22d. PHYSICIAN'S NAME (TYPE C	Peronal my	ATTENDING PHYSICIAN   2e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 3/2	7/82
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etoined TO FUN with the IMPORT	Benava	90	1001	Creco (.	17 / 114	

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		FOR	DED A DI		E OF MARYLAND EALTH AND MENTAL HYG	rur 2 9	1 7 /	0 4	
			DEFARI		ICATE OF DEATH	REG. NO	o.	, 0	
		EASED NAME FIRST HELEN	M.	ARMS	rrong	20 DATE OF DEATH	MONTH DAY YEAR 15-26-82	9:10PM	
2	SEX		RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY] IF UNDER I YEA		
(1)		Female	Black	Sept		64	YRS.	s HOURS MIN.	
42	CC	THPLACE (STATE OR FOREIGN 7b untry)  rkansas	USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	_	R COUNTY OF DEATH	NTY MI	
114		CHEVERLY	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE PRINCE GEORGE	S GE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	OF BUSINESS OR Y	
200		Maryland Sui	THER TOUTION GIVE RESIDENCE BEFORE  130 CITY OR TOV	re admission) VN	136 INSIDE CITY LIMITS?	1	drick Road	E	
60	4 FA	Jessie Danie	els, Sr.		15 MOTHER'S MAIDEN NA Bertha	WE		AST	
9 1		AS DECEASED EVER IN U.S. ARMI		URITY NO.	17 INFORMANT	ADDRE			
4		no			Linda Pipe:				
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), at BY.	nd Ich		Suitland	, Maryla	SET AND DEATH	
Injury, or other	NO	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO	100	CA. I	NOT RELATED TO THE TERM		DITION GIVEN IN PART	l(a)	
ows only	CERTIFICATION		9a. DATE OF OPERATION	19b. CONDITION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
ertificote nol-trons entol Hygi tem 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2		
	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
orked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TOW	vn county	STATE	
11 is marked or Item	MEDICA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) this haspita saw the deceased alive an	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ) attended the deceased from May 26 19	FARM, ETC.)	21f. LOCATION SIREET  , 19 and that in (my) (aur) apinion (	, to	, 19	, that (I) (we) las	
IT I from 11 is marked or from	MEDICA	21d. INJURY OCCURRED  WHILE NOT WHILE 2  220.1 certify that (1) this hospito saw the deceased alive an above. (1) we indicate that the same th	1) attended the deceased fram.  May 26  19 view the body after death.	FARM, ETC.)	od that in (my) (aur) apinian of the state o	, to	, 19, 19	, that (I) (we) las	
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FOR STATE REGISTRAR I. DECEASED NAME ITYPE OR PRINT)	FWST		DEPAR	CERTIF	EALTH AND N			G. NO.	3	1	
I. DECEASED NAME											
[TYPE OR PRINT)			MIDDLE	1	AST		20. DATE OF DEAT		DAY YE	AR 2h. I	HOUR
	ALBERT		S	ΔΤ	TICK			05	18 8	32	1 PM
3. SEX		4 RACE	<u> </u>	5. DATE C			6. AGE (IN YEARS LAS		IF UNDER I		NDER 24
Male		Whit	te	Sept	12,	1913	68	YRS		DAYS HOL	URS
BIRTHPLACE (STATE COUNTRY)  Maryland	OR FOREIGN		WHAT COUNTRY	MARRIE			PRINCE			Н	
		11. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER INST		12a USUAL OCCU	PATION OST OF WORKING	126. K SLIFE) INDU	ND OF BU STRY <b>C1</b> eenbe	SINESS LY 1
USUAL RESIDENCE (III 13e STATE Maryland	NURSING HOME OR	OTHER INSTITUTION	13c. CITY OR TO	ORE ADMISSION)					ay		
Charles	,	M.	Attick.	Sr.	F	FIRST	MIDE		Bu	LAST	
(YES, NO OR UNKNOW			311					A	ldress	Same	as
					MI.S.	Grauys	A. ALLIE	Ne Ne			INMA W
PART 2 OTHER	SIGNIFICANT C	(c)	ARCINOM ONTRIBUTING TO	DEATH BUT		RMED /	200 AUTOPSY?	20b. IF	YES, WERE F	IND INGS	
	S UNDERLYING C	TH HOUR A.	M. MONTH		21c HOW IN						0 []
	OT WHILE	21e PLACE	OF INJURY		21f LOCATIO STREET	N	CITY C	OR TOWN	COUNT	Y	STAT
abave, (1)	e) (did) (did ha			82	DEGREE		eath accurred an t	he date and h	our and fra	n the cause	
ROBERT B.			J ,		50 W.	EDMONST. ROCKU	le MARY	lord	2085	2	
23a BURIAL, CREMAT (SPECIFY) Bur		23b. DATE	1, 1982				CITY OR TOWN		COUNTY		state
	Maryland  10 CITY OR TOWN OF  CHEVERL  USUAL RESIDENCE (IF 130 STATE  Maryland  14 FATHER'S NAME FIRST  Charles  160 WAS DECEASED E (YES, NO OR UNKNOWN  NO  18 CAUSE OF D PART 1. DEAT  Conditions, if gove rise to cause (a), s underlying c  PART 2 OTHER  190 DATE OF OP  APPLY  210 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  210 I Certify the saw the de- obove, (1)  220 I Certify the Saw the de- obove, (1)  221 PHYSICIAN'  ROLL  222 PHYSICIAN'  ROLL  230 BURIAL CREMATI	Maryland  10 CITY OR TOWN OF DEATH  CHEVERLY  USUAL RESIDENCE (IF NURSING HOME OR 130e STATE  Maryland  11 FATHER'S NAME FIRST  Charles  160 WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)  IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF 190 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  210 ACCIDENT WAS UNDERLYING CONCENTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  210 I certify that (I) (this haspit saw the decaded alive decaded. (I) and did did did did did did did did did d	MATYLAND  OLITY OR TOWN OF DEATH CHEVERLY  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE  IS COUNTY  MATYLAND  P. G.  IF FATHER'S NAME FIRST  M.  INDUE  M.  IS CAUSE OF DEATH (Enter only one cause per year) IMMEDIATE CAUSE (a)  DUE TO, CO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS C.  PART 2 OTHER SIGNIFICANT CONDITIONS C.  PART 2 OTHER SIGNIFICANT CONDITIONS C.  190 DATE OF OPERATION  PART 2 OTHER SIGNIFICANT CONDITIONS C.  191 TACEIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER DEAL ALEXAMINER)  210 INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK  AT WORK AT WORK  210 PLACE (AT HOME, ST AT WORK AT WORK  AT WORK AT WORK  211 PLACE (AT HOME, ST AT WORK AT WORK  212 PHYSICIAN'S NA ETHER CARRIED  213 BURIAL, CREMATION, REMOVAL  213 BURIAL, CREMATION, REMOVAL  214 PHYSICIAN'S NA ETHER CARRIED  215 DATE  216 CITY OR TOWN OF PRINCE  PRINCE  MADDIE  11 PLACE (AT HOME, ST AT WORK  21 PLACE (AT HOME, ST AT WORK  22 PHYSICIAN'S NA ETHER CARRIED  22 PHYSICIAN'S NA ETHER CARRIED  23 BURIAL, CREMATION, REMOVAL  24 BURIAL, CREMATION, REMOVAL  25 BURIAL, CREMATION, REMOVAL  26 BURIAL, CREMATION, REMOVAL  27 BURIAL CREMATION, REMOVAL  28 BURIAL, CREMATION, REMOVAL  28 BURIAL, CREMATION, REMOVAL  29 BURIAL, CREMATION, REMOVAL  20 BURIAL, CREMATION, REMOVAL  21 BURIAL CREMATION  21 BURIA	Maryland  U.S.A.  10 CITY OR TOWN OF DEATH CHEVERLY  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFT 136 COUNTY  Maryland  P.G.  Attick,  138. CITY OR TO Green by 148. CITY OR TO GREEN BY 148. CITY OR AS A CONSEQ DEATH (BUTTON GREEN BY 148. CITY OR TO GREEN WAS UNDERLYING DEATH (BUTTON FOR WHICE GREEN BY 148. CITY OR CONTRIBUTING	MARYLAND  II CITY OR TOWN OF DEATH  CHEVERLY  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GRY RESIDENCE BEFORE ADMISSION)  IJS STATE  IJS COUNTY  MARYLAND  IL FATHER'S NAME FIRST  Charles  M. Attick, Sr.  ILL FATHER'S NAME (IF YES, GIVE WAR OR DATES)  NO  II CAUSE OF DEATH (Enter only one cause per line for (a), 1b), and (c).  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  IP DATE OF OPERATION  I	MARRIED NEVER M MARY LAND  ID CITY OR TOWN OF DEATH  CHEVERLY  CHEVERLY  CHEVERLY  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136 COUNTY  MARY LAND  MARY LAND  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136 COUNTY  MARY LAND  P. G.  Greenbelt  15 MOTHER'S NAME  FIRST  MODIE  LAST  Charles  M.  Attick, Sr.  15 MOTHER'S  IS MOTHER'S  IN MODIE  LAST  Charles  M.  Attick, Sr.  15 MOTHER'S  IN MODIE  ATTICK, GOVERNOUS, IN MARY OR DATES)  16 CAUSE OF DEATH (Enter only one cause per line for to), Ib), and IC)  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (II)  DUE TO, OR AS A CONSEQUENCE OF  CONDITION, if any, which gove rise to immediate cause (II). Stating the underlying cause last  OUT OF CONSTRUCTION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  TO OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21 ACCIDENT WAS UNDERLYING  ON CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21 TIME OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, EIC)  21 LOCATIC  ATWORK  19 STREET, FACTORY, OFFICE, FARM, EIC)  21 LOCATIC  ATWORK  19 STREET, FACTORY, OFFICE, FARM, EIC)  21 LOCATIC  ATWORK  19 STREET, FACTORY, OFFICE, FARM, EIC)  21 LOCATIC  ATWORK  19 STREET, FACTORY, OFFICE, FARM, EIC)  21 LOCATIC  ATWORK  21 LOCATIC  ATWORK  22 ADDRESS  SO W.  23 BURIAL, CREMATION, REMOVAL  24 PHYSICIANS  ATMORY  ATM	Maryland  U.S.A.  WIDOWED  DIVORCED  III. CITY OR TOWN OF DEATH  CHEVERLY  PRINCE GEORGES GENERAL HOSPITAL  USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF RESORDER EFORE ADMISSION)  III. STATE  USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, OWR RESORDER EFORE ADMISSION)  III. STATE  III. COUNTY  III. CITY OR TOWN  P.G.  Greenbelt  III. MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (# NOT IN SUCH FACILITY, OWR SINGER ADMISSION)  III. CAUSE OF DEATH (ENTER OR OTHER INSTITUTION, OWR RESORDER EFORE ADMISSION)  III. FATHER'S NAME  Charles  M.  Attick, Sr.  III. MOTHER'S MAIDEN NAM  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  ARCHIMAN AND CONSEQUENCE OF  ARCHIMAN AND ASSOCIAL SECURITY NO.  III. CAUSE OF DEATH (Enter only one cause per line for (a), ib), and ic).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAM  AND A 6, 1982  III. CAUSE OF DEATH (ENTER OR OF INJURY)  III. CAUSE OF DEATH (ENTER OR OR OF INJURY)  III. CAUSE OF DEATH (ENTER OR	MARRIED NEVER MARRED DINORCED PRINCE  MARYLAND  ID CITY OR TOWN OF DEATH  ID CITY OR TOWN OF DEATH  CHEVERLY  PRINCE GEORGES  PRINCE GEORGES	MARYLAND  U.S.A.   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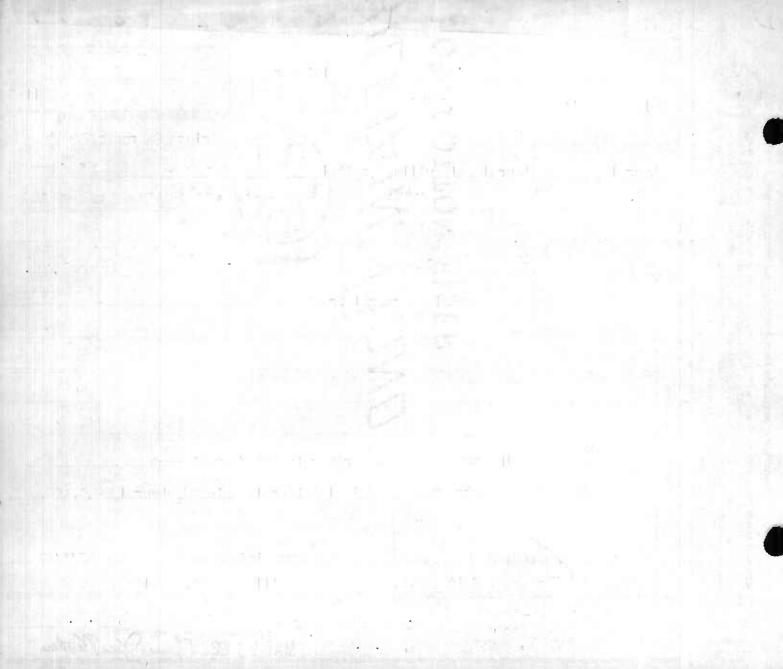
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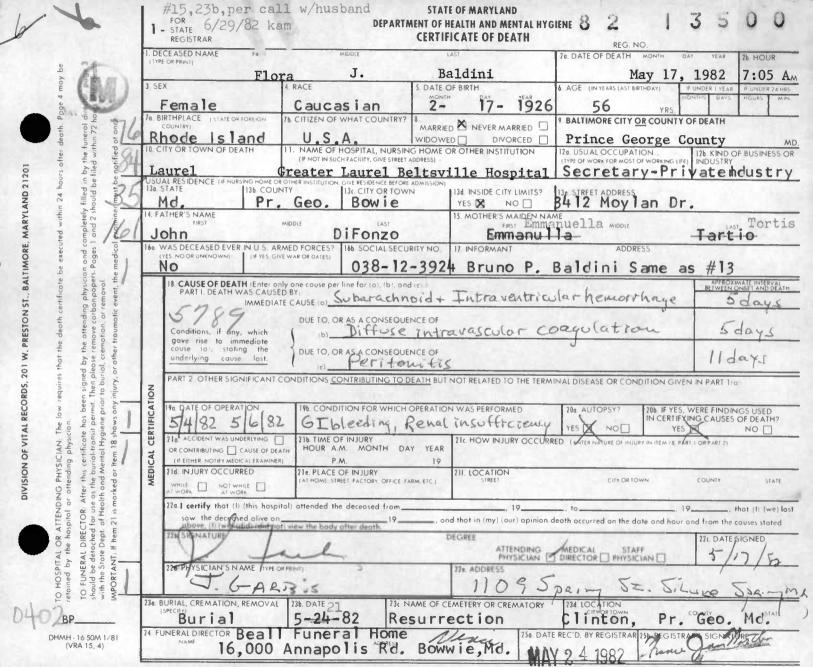
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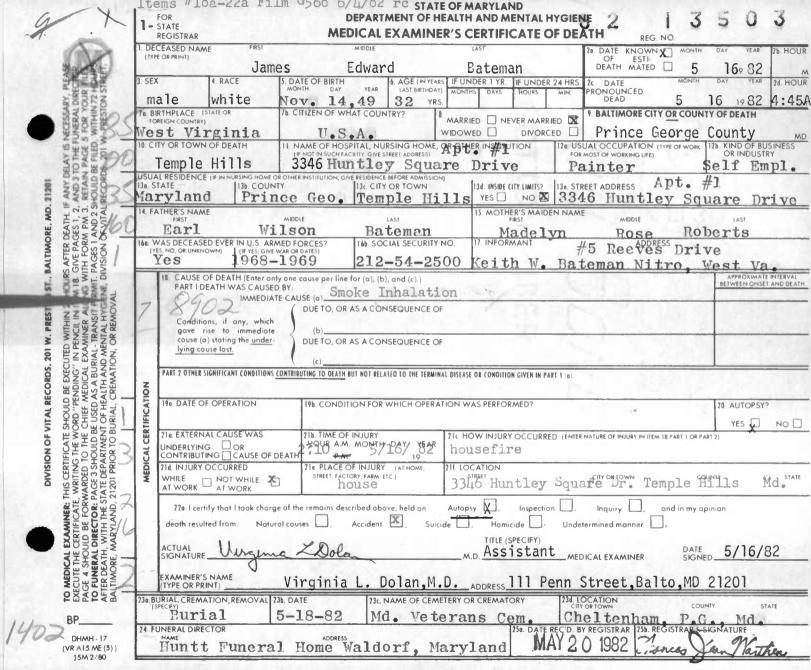
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STATE OF MARTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 3/ -MM C. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 18 birthday) MONTHS DAYS HOURS White 4 January 29,1904 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington DC USA WIDOWED 🔀 Prince George DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Carroll Home during most of working life, even if retired.) INDUSTRY US Hyattsville DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 Manor Nursing Gov't Technician 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE and Pr George YES NO Camp Sprgs 5417 Henderson Way 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle James Watson Elizabeth Alvey 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes na, ar unknawn) 577 07 6132 Dayid L. Freitag Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PROGRESSIVE CEREBRAI IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF WERTENSIVE ART SCICAR REN VASDIS Canditions, if any, which gave: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TERMINAL PNEUMONITIS 19a. DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING perm CAUSES OF DEATH? YES [ buriol, 21o. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) UNDERLYING [ 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notity medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from .5 /3 0 19 82, and that in (my) (our) apinion death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_ causes stated abave, (1) [we] (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR . PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial Burial Suitland Cemetery Md 24. FUNERAL DIRECTOR Robert E. Wilhelm ADDRES 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DHMH-16 1/71 30M Suitland, Md DATE V Funeral Home Inc (VR A15 (4))

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MIT. PAGES 1 RE, DIVISION O	(YES, NO. OR UNKNOWN) (IF YES, GIVE V	AED FORCES? VAR OR DATES)	166. SOCIAL SECURITY NO. 214-58-4148	Diana L. L		10 Sunrise nham, Md.	
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PAGE 4 SHOULD BE FORWARDED  TO FUNERAL DIRECTOR: PAGE 3 S  AFIER DEATH, WITH THE STATE DEF  BALLIMORE, MARYLAND, 21201 PR	death resulted fram: Natura  ACTUAL SIGNATURE UM9	ul causes	Accident , Suicide	Hamicide , TITLE (SPECIFY) M.D. Assistan	Undetermined monner	DATE	5-2-82
PAGE A FIER DE BALLIMO	BURIAL, CREMATION, REMOVAL 23		Dolan, M.D.	Y OR CREMATORY	Penn Stre	eet P.G.	Md stat€
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN TYPE OR PRINTI OF ESTI-5-26-8210 DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED FUNERAL DIR. 5 FOR YOUR 29,1982 Male Black DEAD Jan. 76. CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! D.C. U.S.A. Prince George's County WIDOWED DIVORCED 2, AND 3 TO THE FI 3. RETAIN PAGE 5 SHOULD BE FILED, FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Prince George's Hospital FOR MOST OF WORKING LIFE CHEVERLY None None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE GOLINTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Upper Marlbdrox 13026 Payton Dr. NO [ LAND 2 SH 14. FATHER'S NAME GES 1, PM? 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Samuel Berry. Lora D. Hicks FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) Samuel T. Berry-Same as None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome APPROXIMATE INTERVAL MENTAL HYGIENE, N, OR REMOVAL. MMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE YES XX NO BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 71f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Margarita A. 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE STATE 6-2-82 Burial Harmony Park Highland Park Md Mem. Park 24 FUNERAL DIRECTOR **DHMH-17** rapel WIMSHINGTON+ SONS Y92T BULLOUKER HER (VR A15 ME (5))

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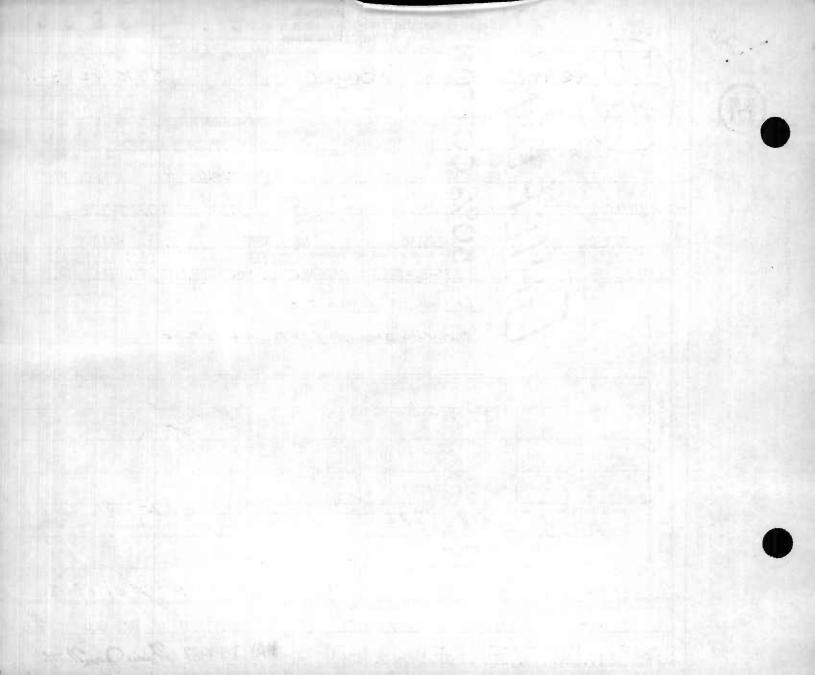
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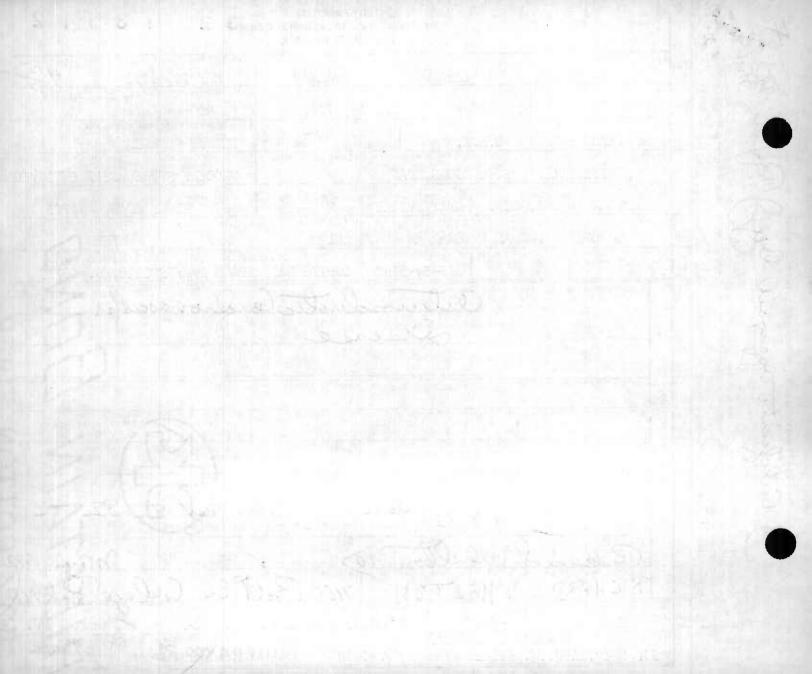
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	13a S		F IN NURSING HOME	-	13c CITY O			CITY LIMITS?	13e. STREET ADDRES	Ave.			
		THER'S NAME		MIDDLE	LAS	ST	15. MOTH	ER'S MAIDE	IM	DDLE		LAS1	
	160 1	Edward	EVER IN U.S. AF	MED EODOES	Bla	L SECURITY NO		Dereth	y	ADDRESS		Myrick	ž.
		Yes		E WAR OR DATES)		52-5457	/ O To		ze same as		13	6 164	
		18 CAUSE OF	DEATH (Enter o	nly one couse per line								APPROXIMATE BETWEFN ONSFI	T AND DEA
1		40		ATE CAUSE (0)	Carbo	n Monox	de Into	oxicat	ion				
	86	100	20		AS A CONSE	EQUENCE OF							
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	9	couse (a) lying cous	stoting the <u>under</u>	DUE TO, OF	AS A CONSE	QUENCE OF							
Į		lynig cod:	1031.	(c)									
	Z	PART 2 DTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL C	ISEASE OR CONDITI	DN GIVEN IN PAR	RT 1 (s),				
7	ATIO	19a. DATE OF	OPERATION	196 COND	TION FOR WI	HICH OPERATIO	N WAS PERFO	RMED?				20. AUTOPSY?	?
	CERTIFICATION											YES XX	
	ERT	210 EXTERNA	CAUSE WAS	21b. TIME O		2	HOW INJUR	Y OCCURRE	D JENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T 1 OR PART		
	ALC	UNDERLYING	XX <sub>OR</sub>	1 ')	M. MONTH D	31 <sub>19</sub> 82			ust fumes				
	MEDICAL	21d INJURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME. 21	LOCATION	u onna	do rumos	TT OIL V			
		WHILE AT WORK	NOT WHILE X	STREET, FAC	Van		Surrey	Sq.Dr.	& Regency	Pkwy.		stville	
		22a. I certif	y that I took char	rge of the remains de	scribed obove	, held on A	utopsy XX	Inspection	n . Inquiry		n ce	George	s co
		deoth resulte	d from Note	urol couses ,	Accident	, Suicide	, Hom	icide .	Undetermined mo	nner XX			
			115	VI	10			SPECIFY)					0.0
		ACTUAL SIGNATURE_	Virgi	ma LA	olan		_M.DAs	sistan	1 T MEDICAL EXAM	INER	DATE SIGNED.	6-1-8	32
10	23e. B	EXAMINER'S I	NAME VII	rginia L.	Dolan,	M.D.	ADDRESS.	11	I Penn St	reet			36
	23a. B	URIAL, CREMAT	ION, REMOVAL	23b DATE	23c. NA	ME OF CEMETE		TORY	23d. LOCATION CITY OR TOWN		COUNTY	v 61	TATE
	(:	Bur:	ial	6/5/82	Lin	nceln Me	merial	Cemet	ery Suit	land	P.G		1d.
	24. F	UNERAL DIREC					- 14	250. DAM P	TO BY REGISTRA	25b. REGIST		- Lu	(p-a
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. 84	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT)		CERTIFICATE OF DEATH	REG. NO.  20. DATE OF DEATH MONTH DAY	YEAR Zb. HOUR
lindy be	3 SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	MONTH	12:32 MM DER I VE AR IF UNDER 24 HRS. S DAYS HOURS MIN,
a 22/3-1	Male 70. BIRTHPLACE (STATE OR FOREIGN		July 23, 1904	77  9 BALTIMORE CITY OR COUNTY OF D	
funeral thin 72 ithin 72	Pennsylvania	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	PRINCE GEORGE'S	MD.
1201 nurs ofte	CHEVERLY	PRINCE GEORGE S	GENERAL HOSPITAL	Bricklayer, Retire	
AND 21 ha n 24 ha hauld be	Maryland Pri	OUNTY 13c. CITY OR TO	sburg YES NO D	130 SIREET ADDRESS 5511 Decatur Str	eet
MARYL d within mpletely and 2 s	George	Blanding	Margaret	Jane Murray	LAST
TIMORE,	16a. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE		URITY NO. 17 INFORMANT	ndinger Saem as #1	3 (Wife)
LY LECORDS, 201 W. PRESTON  AN. The low requires that the death c hysician. fracte has been signed by the attendir fracts permit. Then please remove cart Hygiene prior to burial, cremation, or 18 shows any injury, or ather traumatic	THE PATE OF OPERATION  216. ACCIDENTIANS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	CE LIGHT	YES NO YES	RE FINDINGS USED CAUSES OF DEATH? NO [
MULLICA RR ATTENDING PHYSICIA hospital or attending ph IRECTOR: After this certifi- hed for use on the burial-tr ept. of Health and Mental ttem 21 is marked or ttem. 1	UF EITHER, NOTIFY MEDICAL EXAM  21d. IN JURY OCCURRED  WHITE NOTIFY HED IN AT WORK  220.1 certify that (1) (this has now the deceased alive)	P.M.  21e. PLACE OF INJURY   IAT HOME STREET, FACTORY, OFFICE	19_66	death occurred on the date and hour and	ounty state  that (I) (we) lost from the couses stated  that DATE SIGNED
TO HOSPITAL O retained by the TO FUNERAL DI should be detacl with the State DR with the State DR WITH THE STATE DE TO THE STAT	2211 THE TOTAL S NAME (1	PEOPRINTI B, CAMER	ATTENDING PHYSICIAN 220 ADDRESS CC	MEDICAL STAFF DIRECTOR PHYSICIAN	5-7-85

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4 2 2		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG, NO.	1 3 5	12
1.37		OR PRINT)		MIDDLE		ASI	20 DATE OF DEATH MO		TH HOUR
AT III	1: SE:	GEORGE	4 RACE	LEAHMON	5. DATE O	BOARMAN	MAY 19,		75 M
S. Can		ALE	CAUCAST	'ΔΝ		19. 1890 YEAR	92	MONIHS DATS	HOURS MIN,
TA CIMIT	-	RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8	Y _	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
W March	(	MARYLAND	u.s.		MARRIE		PRINCE GEO		MD
Dil to		TY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND O	F BUSINESS OR
1 1 DO	)	HYATTSVILLE	6400	RIGGS ROA	AD		GROCERY ST	ORE SELF	EMPLOYED
BE Showing the should be	13a. S	TATE 156 COUR	GEO.	130. CITY OR TOW	N	136 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 6400 RIGG	SS ROAD 20	783
TI NA	14, FA		HOMAS	BOARMAN		15 MOTHER'S MAIDEN NAM	MARY MIDDLE	WATHEN	
	16a V	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17 INFORMANT DAUG		004 RIGGS F	ROAD
M		res. NOOR UNKNOWN) (IF YES, GIV	t was on oxits)	213-34-	5952	LOUISE ROSE	ADAMS HYATTS		
ST., BAL THICOTE PROVIDED TO THE OFFI THICOTE TO		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	D BY:	Irlai	U0.7	Peroli G	sidiova	SCULT A	MATE INTERVAL ONSET AND DEATH
by the attending and remove corb al, cremation, or colher frauenatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE	se	use			
Con plant of the p	NON	PART 2 OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 160	
At RECOR	HICAT	190 DATE OF OPERATION			OPERATIO	n was performed	YES NO	OB. IF YES, WERE FINDIN WERTIFYING CAUSES YES [	
9	AL CERT	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IF	NITEM IS PART I OR PART 2)	
MVISION VG PHYSH otherding otherding other this ce or the burn h and Merr	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  218 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE		ARM, ETC )	21f EOCATION STREET	CITY OR TOWN	COUNTY	STATE
TIENDIN Order or Or West		220 I certify that (I) (this haspi	_ 4-	8-X2 10	/	nd that in (my) (au Tapinian	death accurred on the date	and have and from the	that (I) (we) last
the host of the ho		abave, (I) (ye) (did) (did) 22b. SIGNATURE	P1//	2000		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAL	22c DATE	SIGNED 1982
HOSPITA BING BY CANDERA CANDER		PICHARD L	PR PRINT)	F/77	11	7100 B	00% C	Dogo	5 au
5282211	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	· 23d LOCATION	7	- TUN
BP		BURIAL	5/24	/82		HILL CEMETERS		PRI GEO	MO.
DHMH - 16 50M 1/81		INERAL DIRECTOR FRANC		Afrifapecic	5.4		E REC'D. BY REGISTRAR 256	REGISTR PE SIGNAL	W. Then
(VRA 15, 4)	5	00 UNIV. BLVD U	V SILVE	R SPRING.	MD.	20901 M	AY 24 1982 KA	sances fran	MANAGE



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	CALL DE	REGISTRAR		MEL	MIDDLE	AMIINE		LAST	AIE	JF DEA	O. DATE KI	REG. NO		DAY Y	EAR 26 HOUR
	w	(TYPE OR PRINT)								- 1		NOWN ESTI-			
1	SELES SELECTION OF	3. SEX	PETER 14. RACE	S. DATE OF BIRTH		6. AGE (IN YEAR	BOBO	LTS DER 1 YR.	IF UNDER	24 HPS 1	2c. DATE	VALED L	MAY	15,19	82 1150 YEAR 2d HPHM
11	ST	4	I Calle	MONTH DAY	YEAR	LAST BIRTHDAY	) MONTH		HOURS		PRONOUNC	JED	5-1	15- 3	7 1115
16	NOTO TO	MALE 70. BIRTHPLACE	WHITE (STATE OR	76. CITIZEN OF WH	50	31 YRS	5.				9. BALTIMO	DE CITY	V /	19	
	NECESTRATES  UNITED FILES  FILES  W. PRESTON STREET,	FOREIGN COUNTS	RY)		S.A.			D NEV		IED L			_		
	W. W. W.	Oreace		11. NAME OF HOSE			WIDOW		DIVORC		PRINC				OF BUSINESS
	1. IF ANY DELAY IS ACT. 2. AND 3TO THE FUNE 2. SHOULD BE FILED. 3. RECORDS, 201 W. PRE 4. RECORDS, 201 W. PRE	LAUREL	, MD.	GREATER L	AUREL	BELTS	VILL			FORM	ost of working ctrica	NG LIFE)		OR IND	DUSTRY
5	AIN ORD	USUAL RESIDEN	CE (IF IN NURSING HOME 113b. COU	OR OTHER INSTITUTION, GIV		OR TOWN		13d. INSIDE CI	STIMIT Y	13e STRE	ET_ADDRESS	S			
21201	A PER PRINCIPLE A PARIS A PARI	Marylar		ce George	1 2 2 2 2	ırel		YES 🗌	NO X	1541	46 Arb	ory V	Nay		
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RE,	AGES 1, 2, 2M PM 3. I AND 2 SH	George		Medic	Bobol				iliki		Atte		Str	atigal	kou
MO	FTER DE FORM SES I AL		SED EVER IN U.S. A	RMED FORCES	18h SOC	IAL SECURITY	NO.	17. INFORM				ADDRESS	S		
BALTIMORE,	S AFTER GIVE PA ITH FOR PAGES I	No		V/A	290-	54-0957		Mary	Bobo	olis,	15446	Arbo	ory W	ay	
	M 18. G W 18. G W WIT. P RWIT. P NE, DIN	18 CAUSI	OF DEATH (Enter o	inly ane cause for line	or (n), (b),	- 1	.1	7	,	2				BETWEEN	ONSET AND DEATH
N N	ERW ERW AL.	26	DEATH WAS CAUS	ATE CAUSE (9)	lear	elle	The	mit	alla	elha	es.				
STO	A P G P P P P P P P P P P P P P P P P P	07	87		AS A CON	SEQUENCE OF	F								
<u>a</u>	AAL AAL		tians, if any, which rise to immediat		100					1.1949					
≥.	OR JAN		(a) stating the <u>under</u>	DUE TO, OR	AS A CON	SEQUENCE OF	F							-3673	
.20	EXECUTED NG" IN PRICAL EXAM NG EXAM NG EXAM NG EXAM NG EXAM NG METION, C			(c)				(-19							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE. WRITING THE WORD "PRIDING" IN PENCIL IN ITEM 18. GIVE PAPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: RACE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION 1 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		R SIGNIFICANT CONDITION	S CONTRIBUTING TO OEATH B	UT NOT RELAT	EO TO THE TERMIN	IAL DISEASE	OR CONDITION	GIVEN IN PA	ART 1 (a).					
	HEA HEA	190 DATE	OF OPERATION	196 CONDIT	ION FOR V	VHICH OPERA	TIONW	AS PERFOR	MED?		100		- 1	2D AUTO	PSY?
/ITA	SHOULD ORD "PE CHIEF A CHIEF A SE USED A CHIEF A CHI	THE .		31-										YES	O NO B
7	S S S S S S S S S S S S S S S S S S S	210. EXTER	NAL CAUSE WAS	21b. TIME OF HOUR A.M.		DAY YEAR	21c. HC	W INJURY	OCCURRE	D LENTER H	ATURE OF INJUR	RY IN ITEM TB	PART I OR PA	RT 2)	
NO	SECON	CONTRIBL	NG ☐ OR JTING ☐ CAUSE OF		MONTH	19									
VISIO	CERTIFICATE TING THE WOED TO THE 3 SHOULD E DEPARTMEN 1 PRIOR TO E	III I	Y OCCURRED	21e PLACE C				TREET			CITY OR TOWN			UNTY	STATE
٥	WARD WARD PAGE TATE (	WHILE AT WORK	NOT WHILE		JA1, 1 ARM, E1	C.		1,000			CITY OR TOWN		CO	DNIT	STATE
	R: TE,	220 1 0	ertify that I taak cha	rge of the remains desc	ribed abay	e held an	Autaps	. П.	Inspection	0 2	Inquiry [	0,	nd in my ap	DIDIOD	
6.4	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE S AARYLAND,			ural causes	Accident	Suic		Hamic			ermined man		no m my ap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	H DICE	ACTUAL SIGNATUI	F The	Sustal	took	ALCE!	M		puty	MEDI	CAL EXAMI	NED	DATE	5	-16-87
	MEDICAL CUTE THE SE 4 SHO SE 4 SHO FUNERAL ER DEATH TIMORE,	-	//	//	- 1	10									
	SECUTION TERM	EXAMINER (TYPE OR I	PRINT) Augu	sto P. Rod	rigue	z, M.D		ADDRESS_	5009				Temp:	le Hil	lls, Md.
	PAGE EXE	230. BURIAL, CRE/	MATION, REMOVAL			AME OF CEM				23d. LO	CATION PRIOWN XOL H	14 11	cour	NTY	STATE
0104	BP	Bur		5/20/82	Ar	lingtor	n Cen	netery	r	Dre	xel H				Pal
	DHMH - 17	24. FUNERAL DIF	RECTOR	ADDRE	OODT.A	WN MEMO	ORTAI	, FH.	250. DATE I	REC'D. BY	REGISTRAR	25b. REG	ISTRAR'S S	SIGNATURE	6h
	(VR A15 ME (5) ) 15M 2/80	Land	Nell Me	(-0		indsor				MAY	2519	187	from	2 Jan	notarion
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STATE OF MARYLAND

	1 - STATE REGISTRAR	DEFARIF		CATE OF	DEATH	REG. N	0.	0 3	' '
43	I. DECEASED NAME FIRST (TYPE OR PRINT) Linda	Lou	BO	WLES		May 4,		AY YEAR	3:22p <sub>M</sub>
1	Female	Cauc.	S. DATE OF	· 7	1948	6. AGE TIN YEARS LAST BIR		IF UNDER LYEAR	# UNDER 24 HRS
5	Maryland	16. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWE		MARRIED		- ce Geo		MD
3	10 CITY OR TOWN OF DEATH  Lanham	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET  Doctors Hospi	tal of			126 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR	ON IF WORKING LIFE <b>P</b>	126. KIND O INDUSTRY OWN	Home
5	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136 COULD P.	NTY 13c. CITY OR TOW	2 01	YES 🔀	NO 🗍	4902 Ride	gevie	w Lane	
1	14 FATHER'S NAME William	MIDDLE Barnets			S MAIDEN NAM	MIDDLE		Baugh	
	160. WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (1F YES, GI	NE WAR OR DATES) 16h SOCIAL SECU 2 13-50		Johr		owles,4902		ie, Mo geview	
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	er	ebra	P infa	rctio	1	MATE INTERVAL OMSET AND DEATH
7	PART 2 OTHER SIGNIFICANT I	CONDITIONS CONTRIBUTING TO D				200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY

211 LOCATION

STREET CITY OR TOWN

COUNTY

YES [

STATE

22a 1 certify the (this hospital) ottended the deceased from saw the deceased glive an obove (1) we did did no and that In (our) opinian death occurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE

NOT WHILE

14 3-00

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)

NO

CERTIFIC

MEDICAL

5/7/82

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

231 NAME OF CEMETERY OR CREMATORY Lincoln Cem.

Brentwood, Maryland

Burial

morked or Item 18

IMPORTANT: If Hem 21 is

DHMH - 16 50M 1/81 (VRA 15, 4)

Annapolis Rd., Bowie, Md.

1 100 V

Buril = 47/82 Ft. Lincoln Cen. Brentwoor, Maryland Beall Funeral Home, 15000 Annoclis Kr., Bowie, rc.

4	h	FOR - STATE		DEPARTM	AENT OF H		MENTAL HYG	IENES 2	13	5	5
. me		REGISTRAR  ECEASED NAME FIRST PE OR PRINT)		MIDDLE		AST SOLVE	DEATH	REG. 1 2a. DATE OF DEATH	MONTH DAY		26 HOUR
100	3 58		ANNIE  4 RACE Whi	te	5. DATE O		1922	6 AGE (IN YEARS LAST BI		JNDER I YEAR	7:10  IF UNDER 24 H HOURS MI
1 1 2	30. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D   NEVER		9 BALTIMORE CITY PRINCE GEO		DEATH	
by the filled	10.0	CHEVERLY	11. NAME OF H	HOSPITAL, NURSING	G HOME (	OR OTHER INS	TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	TION OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS
filled in rould be	13a	JAL RESIDENCE (IF NURSING HOME OF STATE Maryland	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE C	ITY LIMITS?	1818 Tue	ker Read	1	
ompletely ond 2 sh	14. F	Joseph	MEDIE	Moore			S MAIDEN NA/	MIDDLE		Winds	)r
ritirate be execution and conspapers. Pages 1 emaval.	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	577-30-3		Debra		As in I			
equires that the death ce regard by the ottendin Then please remove carb to burial, cremation, ar a njury, or other traumatic	NC	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUE		NOT RELATED	) TO THE TERM	INAL DISEASE OR COI	NDITION GIVEN	IN PART 1(0)	
hos beer perior ene prior ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES C	SS USED F DEATH?
HYSICIAN: The ding physicis is certificate buriol-transit Mental Hygis or them 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	R) P.A	M. MONTH DA M.	19	21c. HOW IN		ED (ENTER NATURE OF INJ		OR PART 2)	STATE
	×	WHILE NOT WHILE		ect, FACTORT, OFFICE, FA	ARM, ETC.	0111001		CITTORIC	/	_	
TTENDING PH pitol or other CTOR. After th for use os the of Health and 21 is morked o	ME	WHILE NOT WHILE AT WORK  THE Centry that (I) (this host obove (I) that data data.	on view the body	e deceased from	PL.01	DEGREE	ATTENDING	deoth occurred on the o	, 19_date and hour an	the d from the co	
OR ATTENDING PP hospitol or atten iRECTOR: After the for use as the ept. of Health and Hem 21 is marked at	WE	The certify that (1) (this has in the certify that assed office a above (1) (the ridid) and a second of the second	or PRINT	e deceased from	PL.01	DEGREE A 22e. ADDRES	ATTENDING PHYSICIAN	death occurred on the	date and hour an	27c DA/8	152

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Surjel 9-11-1351 Fort Ilmools Greetary Brentweed F.G. Maryland

2/	1 - STA			м		MENT OF		ND ME	ENTAL HY		1112	REG. N	3	5	1	6
W & 4 S L	1. DECEA	SED NAME	FIRST		MIDDLE N.		BRAN	sr	Jr	2	OF E	IOWN [	MONTH		YEAR	2h HOUR
1000	3. SEX		4. RACE	5. DATE OF BIRT	Н	6. AGE (IN YEA	RS IF UNDE	H 6 .	IF UNDER 2		c. DATE	INIED [	HINOW	10 1	9 82 YEAR	2d HOUR
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F. Gasch's Sons F.H. P.A. Hyattsville, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

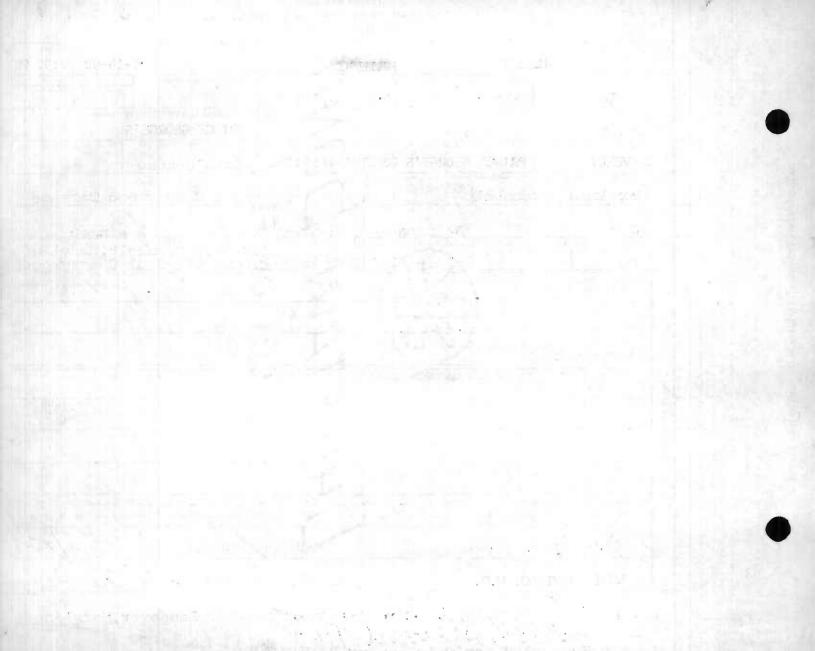
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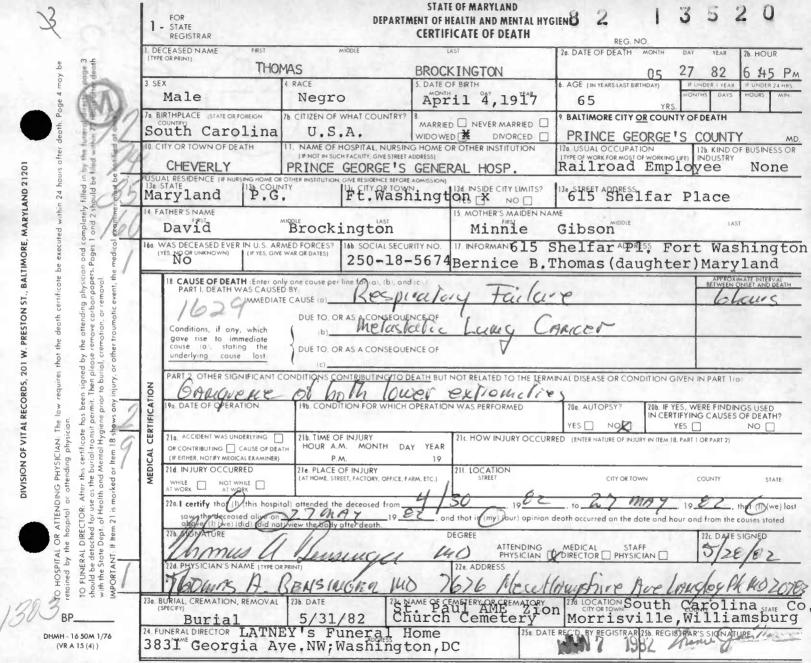
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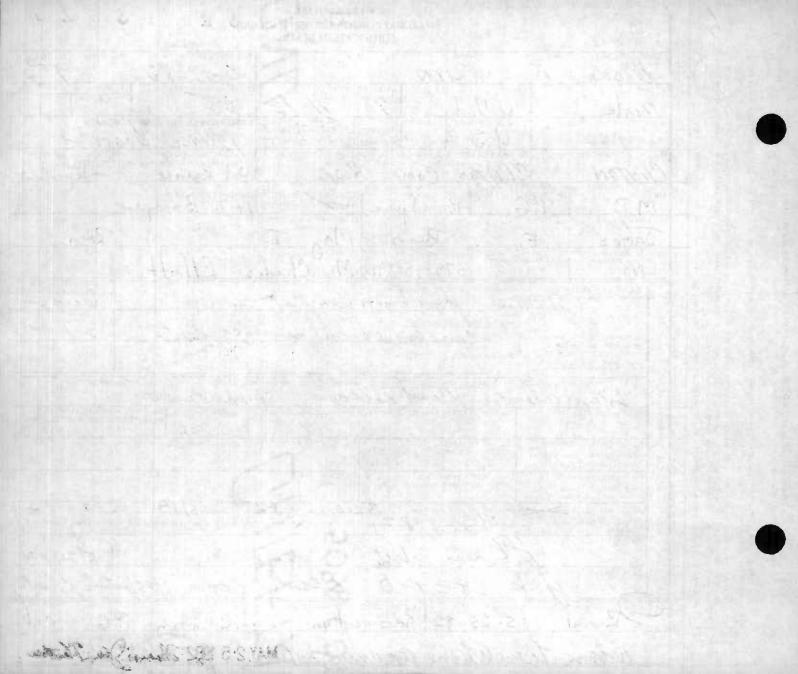
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STATE OF MARYLAND

Item 7a G 568 6/4/82 GAB



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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rs offer		3 SEX	FEMALE	4. RACE WHIT			B. 22, 1894	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS			HOURS MIN.	
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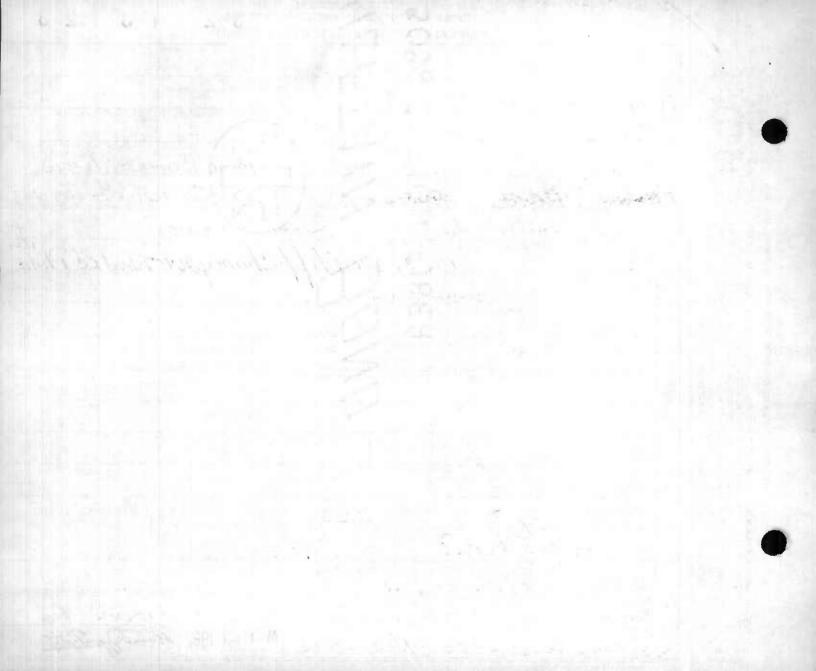
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STATE OF MARYLAND

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DEE, MD. 21201 DEATH. IF ANY DEIX GES 1, 2, AND 3 TO M. PAR 3, RETAIN PARAD 2 SHOULD REFORMATION FOR THE CORPS.	14. FA	THER'S NAME  OLIER CHA	MIDDLE 4	LAST	4	R'S MAIDEN NAMI	GAINES		LAST
ALTIMOI AFTER D IVE PAG H FORM H FORM H SION O		AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	SOCIAL SECURITY	17. INFORM		ney2645	TS/And K	of Phila
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. WER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS CATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. G. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WIT OR AGGS SHOULD BE USED AS A BURIAL - TRANSIT PERMIT P. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEIRE, DIN AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)  IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.	DBY: TE CAUSE (o) Cardi  DUE TO, OR AS A	omyopath consequence	ĎF			8	STWEN DISET AND DEATH
RECORDS,  LD BE EXEC PENDING, MEDICAL O AS A BUR PEALTH AN CREMATIL	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS		RELATED TO THE TERM	NAL DISEASE OR CONDITIO	N GIVEN IN PART 1 (a).			
SHOULD OND "PE CHIEF A E USED A URIAL, OR URIA	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION F	OR WHICH OPER	ATION WAS PERFOR	MED?		20	YES NO
DIVISION OF VITAL SCERTIFICATE SHOUL RITING THE WORD " ROED TO THE CHIEF SE 3 SHOULD BE USEI EDERARTMENT OF H OF PRIOR TO BURIAL	MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		NTH DAY YEAR		OCCURRED (ENTER	NATURE OF INJURY IN ITEM	16 PART 1 OR PART 2)	**************************************
DIVISIO THIS CERTIF WRITING VARDED TO AGE 3 SHC	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJ STREET, FACTORY, FA		21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BAUTIMORE, MARYLAND, 2		22a I certify that I took charged death resulted Iram:  ACTUAL SIGNATURE	ge of the remains described		Autopsy XX. cide , Homic TITLE (S		termined manner	and in my opinion  ,  DATE SIGNED.	5/26/82
MEDIC ECUTE 1 (GE 4 S ) FUNEI TTER DE/ NITIMOM	آ		Hormez R. Gua		ADDRESS_		Street,Ba	lto.,MD	21201
240BP		JRIAL, CREMATION, REMOVAL	23b. DATE 82	23c. NAME OF CEA	AG PRE	el Course	OCATION NOR JOWN	LE TER	PATATE
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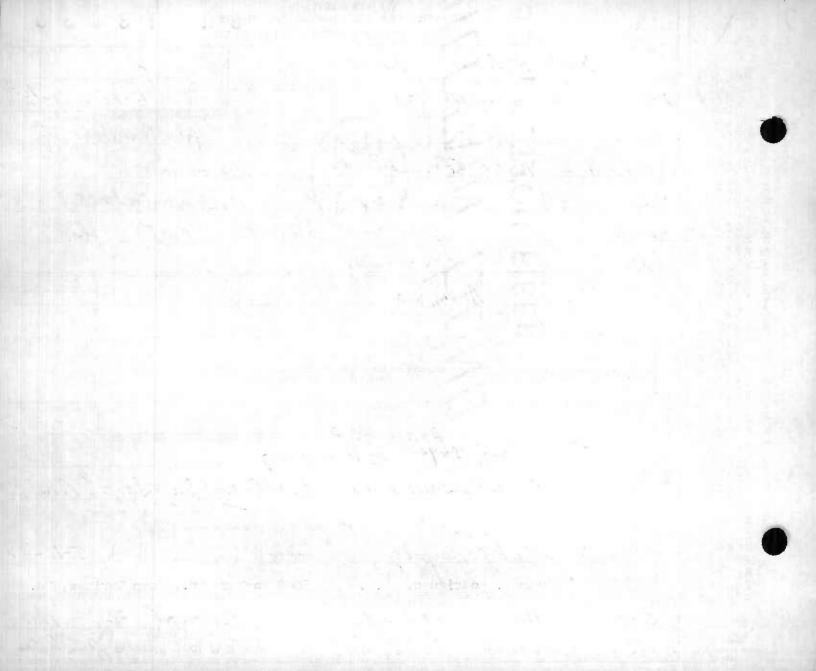
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Funeral Home Inc

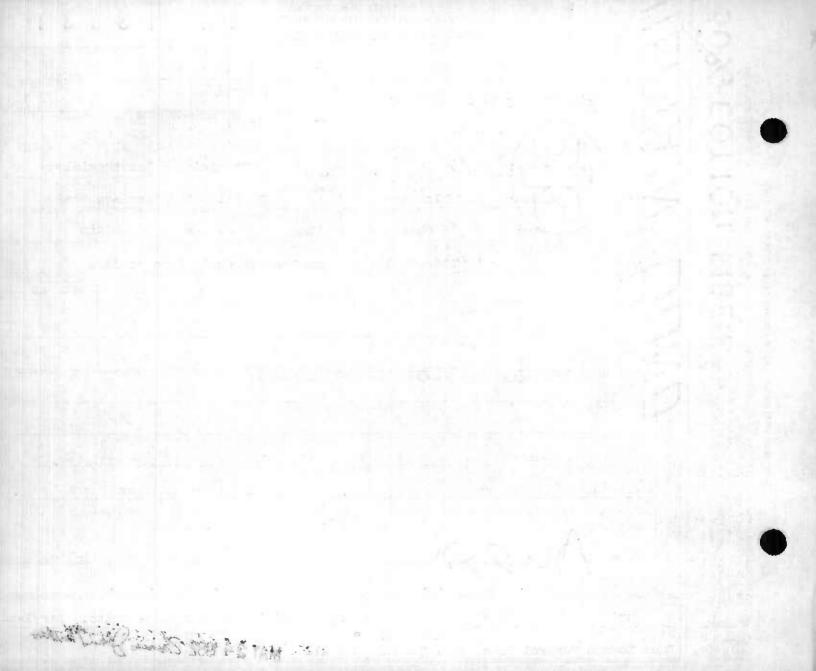
STATE OF MARYLAND

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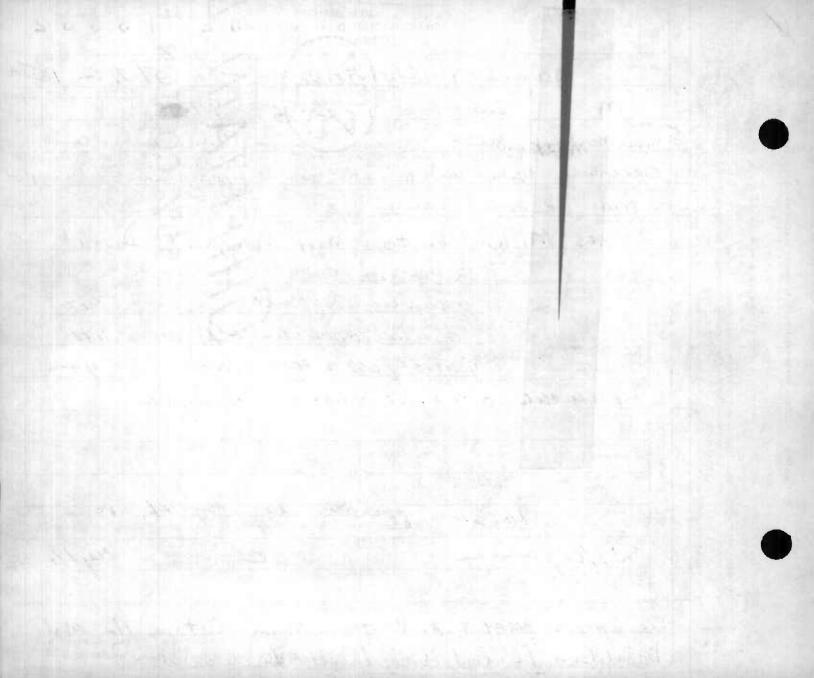
2 15	1.	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	13530
1 4	1-	MEDICAL EVAMINED'S CERTIFICATE OF PEATLY	5, NO.
Marin State		PECASED NAME FIRST MIDDLE LAST 20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 76. HOUR
	3 SE		MONTH DAY YEAR 28 HOYD 5-10 1982 A M
NEGESSAN INFERAL WITH PRESI	7a. B	OREIGN COUNTRY),  THE COUNTRY OR WIDOWED DIVORCED DIVORCED DIVORCED	TY OR COUNTY OF DEATH  MCULLOD OF 16
CONTRES.	10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SWEH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION  TO MOST OF WORKING, IFE  TO ADDRESS	(TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DEATH OURS AFTER DEATH. IF ANY DEATH OUR STATE OF THE		AT RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. COUNTY  136. CITY OR TOWN  136. INSIDE (11Y LIMITS?  136. STREET ADDRESS  YES NO () () () () () () () () () () () () ()	- 1 - 1-
DEATH. IF GES 1, 2, A MAND 2 SI	1.1	ATHER'S NAME  FIRST  ADDLE  Chastel  ADDLE  Chastel  ADDLE	E) Hall
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3. PAGES 1 AND 2 SI WISION OF WITAL	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN) (14 YES, GIVE WAR OR DATES)  OBJUSTICAL SECURITY NO. 17 INFORMANT ADDR  ADDR	IESS
ESTON ST., BALT IN 24 HOURS AFI IN ITEM IB. GIVE ALONG WITH F SIT PERMIT. PAGE HYGIENE, DIVISION		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  MAMEDIATE CAUSE (o) 15 Phy X2 9  DUE TO, OR S A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS EXECUTE THE CERTIFICATE, WRITING THE WORD."FENDING." IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BATTENDE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IN STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.		Conditions, if any, which gove rise to immediate couse (a) stating the <u>underlying couse last.</u> (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  BREE OR DUE TO AND UNITY OF THE PROPERTY OF THE PRO	
RECORD D BE EXIPEDING PENDING PENDING O AS A B EALTH A	CERTIFICATION	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
MAN WEEL OF THE PARTY OF THE PA	E S	4 -4-6	YES NO P
ON OF V	CAL CER	210. EXTERNAL CAUSE WAS  210. TIME OF INJURY OF INJURY OF INJURY OCCURRED LENTER NATURE OF INJURY IN ITER  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH OF INJURY OF INJ	
DIVISION WRITING WARTED PAGE 3 SI FATE DEP	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  AT WORK  21e PLACE OF INJURY (AT HOME.  21l LOCATION  STREET ACTORY, FARM, ETC.)  LOCATION  STREET  STREET  1010 8 Mail Overhand Julius	e Largo / Leongo Hy
MANER: 1 IFFICATE, BE FORV. ECTOR: P I'H THE SI		220. I certify that I took charge of the remains described abave, held an Autapsy . Inspection I Inquiry . death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner .	ond in my opinion
THE CENT THE CENT THE CENT THOULD THOULD THE, WILL TE, MAR		ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER	DATE 5-10-82
O MEDIC XECUTE 1 A GE 4 S O FUNE 1 FTER DE	1	EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., C	amp Springs, Md.
3506	230.B	BURIAL CREMATION, REMOVAL 23D. DATE 23G. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHERRIOWN CHERRIOWN CHERRIOWN	PG. MO
DHMH-17 (VR A15 ME (5)) 15M 2/80	24 F	UNERAL DIRECTOR NAME LISL Grant Lanham F.H. Lanham MO MAY 20 1982	Parces San Varther



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDOLE 20 DATE KNOWN HINOM (TYPE OR PRINT) ESTI-GUY WHAN DEATH MATED CHO 1982 6. AGE (IN YEARS 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 4:41 45 YRS Male April 12,1937 Oriental DEAD 1982 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Korea U. S. A. WIDOWED [ DIVORCED Prince George's County CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME. 17a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Prince George's Gen. Physician - Anesthesiology Cheverly Hosp (DOA) OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS | 336. INSIDE (ITY LIMITS? | 130. STREET ADDRESS | YES | NO XX 11100 Old Carriage Road 3a STATE 13c. CITY OR TOWN Maryland Baltimore Glen Arm 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wook Choi AA NOOLE Kim Byung Woo Nam 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) NO 235-86-9130 Mrs Yong Ho Choi, Same As #13e 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A I THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3: 1500 5-23-Pedestrian pinned between two vehicles. 19 82 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN 95 Prince George's Md. PAGE 4 SHOULD BE FORWART
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 Rt. road Landover 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME M.D. ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION (SPECIFY)
Burial Cockeysville, Balto., Maryland 5-26-82 Dulaney Valley Memorial 24 FUNERAL DIRECTOR 1050 York Rd. **DHMH-17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5) 15M 2/80



11-	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 3 5 3 2  GISTRAR  CERTIFICATE OF DEATH  REG. NO.
e d livre o	James Y. Christmas 5/17/82 132 A
3. SEX	1 RACE  S. DATE OF BIRTH  Caucas sian  ANNIH  DAY  YEAR  FUNDER 1 YEAR IF UNDER 24 HRS.  MONTH  DAY  YEAR  FOR STREET  WONTHS DAYS HOURS MIN.
4 20 co	PLACE ISTATE OR FROM 76 CITIZEN OF WHAT COUNTRY? & MARRIED & NEVER MARRIED DIVORCED
of of state of the	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  A Mer. Med. No. 1. S. Ct Greenhelt house trainer Self enely
d 130. ST	SIDENCE (# NURSIA HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
MARYLA and 2 sh ond 2 sh	R'S NAME FIRST  A MODILE  Charlet Trace  MODILE  MODILE  LAST  LAS
W 3 8 8 160 WA	DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS POR UNKNOWN) PYES. GIVE WAR OR DATES)  215-36-3276 Betty Christmas (w. fe) above
ST., BALT Strinking by physicio oppopers component, the	CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  GRUEN CAUSE (b)  GRUEN COUSE MAD PRAIM  FOR THE PRODUCT OF THE PRODU
	nditions, if ony, which ve rise to immediate  DUE TO, OR AS A CONSEQUENCE OF Color buch & right leg 212
- + +	derlying cause lost  DUE TO, OR AS A CONSEQUENCE OF (c) GRUENELY LELL as there is cleared  (c) GRUENELY LELL as there is cleared  (c) GRUENELY LELL as there is cleared  (d)
	The before Male to a fere poles to hard out the terminal disease or condition given in part 110.
= 95 A C S 8 E	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTION PART 2   CONTRIBUTION PART 2
MED	INJURY OCCURRED  210. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOC ATION  STREET CITY OR TOWN COUNTY STATE
TONE A PROPERTY OF THE PROPERT	sow the deceased alive an above, (b) (wg) (did not) view the body after death.
9-9-9-	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   122 DATE SIGNED
FUN ORT	PHYSICIAN'S NAME THE DEMINED 226 ADDRESS
O O O O O O O O O O O O O O O O O O O	L, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CHIPPRIOWN COUNTY STATE
	ALDIRECTOR  ALDIRECTOR  AND  AND  AND  AND  AND  AND  AND  AN



0	1.	FOR STATE			DEPARTMENT O	F HEALTH		HYGIENE	2	1 3	2	3	3
(-0)		REGISTRAR	FIRST	ME	DICAL EXAMI	NER'S	ERTIFICATE	OF DEATI		EG. NO.			100
( [0.4] )		CEASED NAME E OR PRINT)	7 11.0		WIDDLE		LAST		OF EST	-	TH DAY	YEAR	26 HOUR
VALUE OF	0.05		Timot		Α.		Clark		DEATH MATE	ED 1 5	desa	1982	M
NOUR F	3. SEX		white	5. DATE OF BIRTH	YEAR LAST BIRTI	YEARS IF UN HDAY) MONT YRS		R 24 HRS. 2t. MIN. PRO	DATE DOUNCED DEAD	MONT	н <sub>Бау</sub>	YEAR 1982	24 HOUR 2.46
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PERCUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIREPROLE A SHOULD BE GENWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR TO VEHICLE BY A SHOULD BE USED AS A BURIAL. TRANSITY PRAMIT. PAGES 1 AND 2 SHOULD BE USED AS A SHOULD BE USED AS A SHOULD BE USED AS A SHOULD BE USED AND THE VEHICL DIVISION OF WITHIN 72 HARTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHING CORDS, 201 W. PRESTON IN PAGES 1 AND 2 SHOULD BE HIELD. WITHIN 72 HARTEN DEATH. WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHING CORDS. 201 W. PRESTON IN PAGES 10 WITHIN THE STATE DEPARTMENT OF REMOVAL.	7a Bi	RTHPLACE (STATE		76. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NEVER MAR	RIED		CITY OR COU		DEATH	
S S S S		Sh. D. (		U.S.A		WIDOV	VED DIVOR	CED DIP		eorge'			MD.
The series	(	Cheverly		Prince (	PITAL, NURSING HOLD CILITY, GIVE STREET ADDRESS GOODE S	eneral	Hospital	FOR MOS	of working LII	N (TYPE OF WOR	1 126. KI	IND OF BUI OR INDUSTR	
SECORE <	13a S	AL RESIDENCE (IF	IN NURSING HOME	GEO.	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?			alem	La		
Y I	14. F/	THER'S NAME		w.pore			15. MOTHER'S MAIL	DENNAME		<u> </u>	- 0.		
61		Dennis		H.	Clari	k	Judith	1	XXX		Dods	On	
1	16a. V	VAS DECEASED E	VER IN U.S. AL	RMED FORCES?	166. SOCIAL SECUR		17 INFORMANT			DRESS			14619
		ES, NO. OR UNKNOWN			218-90-	2059	Dennis	Clark	Same	as #	13		
		18. CAUSE OF D	EATH (Enter o	nly one couse per line			lalta i				BET	APPROXIMATE WEEN ONSET	INTERVAL AND DEATH
A FILE		CARTIDEAT		ATE CAUSE (o)	Blunt In		o Head						
NA N	ang.	8/6	0		AS A CONSEQUENC	E OF							
TAL R RE	-	gave rise	if ony, which	e / (b)									4
5		lying couse	oting the <u>under</u> lost.	DUE TO, OR	AS A CONSEQUENCE	E OF					100		
				(c)									
	Z	PART 2 OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN I	PART 1 (a)					
_	ATI	19a. DATE OF O	PERATION	196 CONDIT	ION FOR WHICH OP	ERATION W	'AS PERFORMED?				20.	AUTOPSY?	
1	E											YESXX	NO 🗆
+	CERTIFICATION	210 EXTERNAL		216. TIME OF		21c. H	OW INJURY OCCURE	RED (ENTER NATU	RE OF INJURY IN I	TEM 18 PART 1 OR			
3	X	UNDERLYING )	CAUSE OF	DEATH 12:55	. MONTH DAY YE		iver of a	uto tha	t lost	contr	ol		
	MEDICAL	21d. INJURY OC	CURRED	21e PLACE C	OF INJURY (AT HOME,	21f. LO	CATION						
	.₹	AT WORK	NOT WHILE	X	ORY, FARM, ETC.)		197 near		owie.P		Geor	ge!s	CO
>					cribed above, held an		VIV					30.0	Md.
1		deoth resulted			14	Autap			nquiry L.,	ond in my	apinian		
Ye		deoin resulted	nom: Note	urol couses	Accident [A],	ovicide L	, Homicide	Undeterm	ned manner	الــا،			
		ACTUAL	111101	mia LO	olen		D. Assista	nt		DAT	TE 5	-2-82	
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2		EXAMINER'S NA (TYPE OR PRINT)	V1		Dolan, M.		, ID DINESS	II Penr		;†			
ā	23a. B	URIAL, CREMATIC PECIFY) Bur	ia I	736. DATE 5-5-82	Md. Na		em. Park	23d LOCA City or to	TION E	C	OUNTY	Md.	NTE
	24. FI	JNERAL DIRECTO	R Bea	ll Funera	Home	1/1	750. DAIL	REC'D BY RE	GISTRAR 256	REGISTRAR	SIGNA	4	^
		16,	000 Ar	nnapo Miss	Rd. Bowi	e, M	d.	WI T I	786	name	2	No. of Street, or other	Ka.
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Schring

Pr. iCeo. Bowle = 12036 S ylom Ly.

Dennis H. Clark Justin XXX Forson 218-90-2999 Fennis Clark Sum vs # 135 1

24 [a] 5-7-82 [max. 1 M. may. 7: 0 [ 1 cm]

16,000 tenneclis Rr. Boule, Mc.

20 [ 3 ] [ 3]

20	FOR			DEPARTA	STATE OF	MARYLAN		NE O	1 7	~ ~	A
00	- STATE REGISTRAR		M		EXAMINER'S		0	ATL	EG. NO.	2 0	
(M)	1. DECEASED NA (TYPE OR PRINT)	ME FIRST	t	MIDDLE		Cook		20. DATE KNOW OF EST DEATH MAT	WN T MONTH	25 1982	10 1100
SY, PIEA DIRECTO NO. PIEA N. STREET	3. SEX Male	4. RACE Caucasian	5. DATE OF BIRT	YEAR			IF UNDER 24 HRS	PRONOUNCED	May 25	DAY YEAR	R 2d HOL
JOERAL L	70. BIRTHPLACE FOREIGN COUNTS	RY)	76. CITIZEN OF		TRY? 8. MA	RRIED NEV	/ER MARRIED   DIVORCED	9. BALTIMORE		NTY OF DEATH	M
LEALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FIRE T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOUSING OF WITALL RECORDS, 201 W, PRESTON STREET	Pt. Wash	'N OF DEATH	11. NAME OF HO	SPITAL, NUR FACILITY, GIVE ST THUR DO	RSING HOME, OR C	THER INSTITUT	FO	SUAL OCCUPATION MOST OF WORKING LE		OR INDUS	BUSINESS
ANY DE AND 3 T RETAIN HOULD B	USUAL RESIDENT 13a STATE Marylan	CE (IF IN NURSING HOME COUNTY)	TY SOLES S	GIVE RESIDENCE	BEFORE ADMISSION) OR TOWN Vashington	13d INSIDE CIT	TY LIMITS? 13e ST	REET ADDRESS Arthur I	rive		
EATH. IF ES 1, 2, PM 3. AND 2 St	14 FATHER'S NA		WIDDLE		AST OOK	FII	R'S MAIDEN NAM	NE MIDDLE		Rice	
BALTIMORE, MD. 2120) S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND THE FORM PM 3. RETA PAGES I AND 2 SHOULINISION OEVITAL RECO		SED EVER IN U.S. ARA	WAR OR DATES)		1AL SECURITY NO.	17 INFORM		9 Arth	ur Driv		
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RECORDS, 2011 LID BE EXECUTED PENDING" IN PR MEDICAL EXAP FALTH AND MEI HEALTH AND MEI L, CREMATION, O		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TN BUT NOT RELAT	TEO TO THE TERMINAL OIS	EASE OR CONDITION	I GIVEN IN PART 1 (a).				
F VITAL RE E SHOULD WORD "PE IE CHIEF A BE USED A BURIAL, O	I I I	OF OPERATION	196 CON	DITION FOR V	WHICH OPERATION	WAS PERFORM	MED?			20 AUTOPS	
DIVISION OF VITAL I NER: THIS CERTIFICATE SHOUL (TATE, WRITING THE WORD "F F PORWARDED TO THE CHEF TOR. PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF H AND, 21201 PRIOR I		NAL CAUSE WAS NG OR JTING CAUSE OF D	HOUR A	OF INJURY ,M. MONTH .M.		HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN	ITEM 18 PART 1 OR P	PART 2)	
- #34845	UNDERLYI CONTRIBU 21d. INJUR WHILE AT WORK	Y OCCURRED  NOT WHILE  AT WORK		E OF INJURY ACTORY, FARM, ET		LOCATION STREET		CITY OR TOWN	0	OUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYTAND, 2		Au	ral causes ,	Accident	ve, held an Au	Homici	PECIFY)	Inquiry	ond in my o	C-2	5-87
TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO		('S NAME VURUE PRINT)			ez, M.D.	ADDKESS		urn Ct.,			Md.
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14.7 25 AP 716.4 + 70 2014 ) ale to move out me Acit Have York well et. Washin ten 9 erthur Drive yvs/ 20 beniteh Paryland Fr. seorge's St. washington x 9 Arthur Tive soir o introl Joseph 9 artnur Brive Yes Morean-Viet Mem 109-21-3524 Mary M. Gook It. Marton, Mi. 

nurial /25/32 Arlington Vational Cem. Arlington Vincinia

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FOR

REGISTRAR

- STATE

Padgett Harry Corbin same as item 13 APPROXIMATE INTERV IN CERTIFYING CAUSES OF DEATH? YES [ NO E 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE CITY OF TOWN 19.82 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED May 18, 1982 PHYSICIAN DIRECTOR PHYSICIAN 8909 Old Branch Ave., Clinton Md. 20735 I SPECIFY) 5/20/82 Burial Cedar Hill Cemetery Suitland Md. P.G. 24 FUNERAL DIRECTOR 50, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

26 HOUR

12b. KIND OF BUSINESS OR

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DHMH - 16 50M 1/81 (VRA 15, 4)

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C.P. Kalas 6150 Oxon Hill Nd. Oxon Hill, Md. WHELL DER JE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

REGISTRAR

- STATE

May 6 17 to Keek Cant Caniter Markauffe Telemeteraridam Weather 22 All Advert For The 200 The Second States

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2g. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) ROSE CECELIA -UP.TIN 30 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR Female White YEAR HOURS NOV 1883 70. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 04 WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WORK FOR MOST OF WORKING LIFE! INDUSTRY 2200 house wit BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 134 GITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS r. Geo 200 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Giebe lemens S O E eresa ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY. cardiac hommed DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (D) heart trterioscheruta. Conditions, if ony, which gove rise to immediate couse (D), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION Non 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO I NOV 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF TEAM HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EX PM 19 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 82, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on\_ HI new the both ofter death GNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: 1 PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DIATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE June 2 1982 BP. Washington 136. DATEREC'D. BY REGISTRAR 256, REQUEERAR'S SIGNATURE DHMH - 16 60M 1/75 ADDRESS Takoma Funeral Home. (VR A 15 (4))

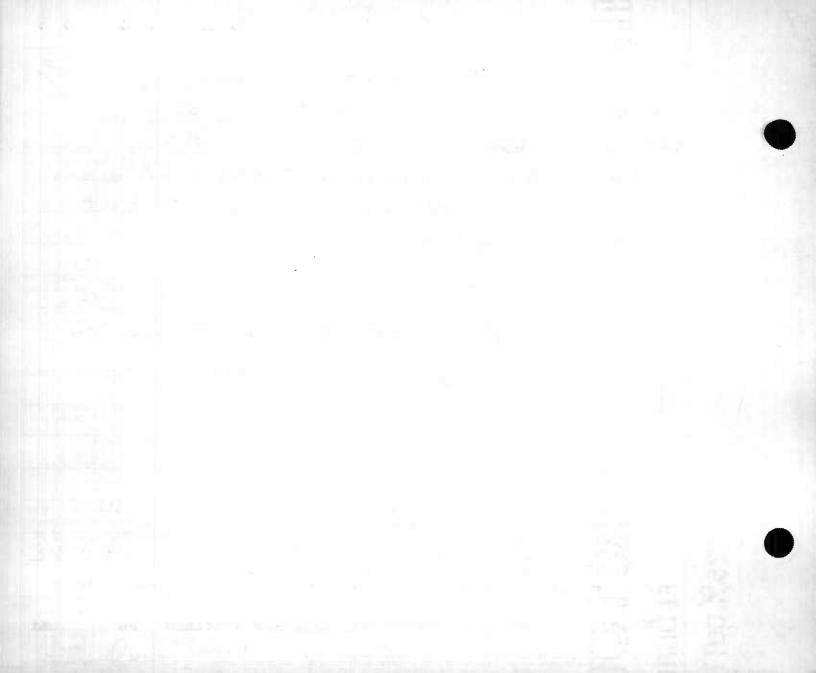
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO MIDGLE L DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-5 12,0 82 JANICE **CYPRESS** DEATH MATED A. 4 RACE 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR 36 PRONOUNCED 27 45 12 DEAD Female Negro YRS 10 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington, D.C. Prince George's WIDOWED DIVORCED , 2, AND 3 TO THE PU 3. RETAIN PAGE 5 2 SHOULD BE FILED AL RECORDS, 201 W IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Domestic Prince George's General Hospital Cheverly Private Fam. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Forestville 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Prince Georges 9908 Westphalia Road MD VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AND FIRST Strothers MIDDLE LAST Unknown James 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 9908 Westphalia Road Forestville, Maryland 16h SOCIAL SECURITY NO. DIVISION YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 577-62-6546 No Charles Smith 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Seizure disorder IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OSED AS A BURIALlying cause lost CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA 1 AND, 21201 PRIGR TO BURIAL, C 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | NO T 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY TIL HOW INJURY OCCURRED JENIER NATURE OF INJURY IN JIEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VEGULE THE CORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABALIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inspection death resulted from Notural causes Accident Hamicide Undetermined monner 5/12/1982 MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATOR MOUNT OLIVET WASHINGTON, D. W. /82 Burial Funeral Home. Inc. ROLLINS 24. FUNERAL DIRECTOR DHMH-17 4339 Hunt Place, N.E., Washington, D.C. (VR A15 ME (5) 15M 2/80

4 42 5 6 50 50 BLITWinter Survey Posts MOUNT OLIVET WASHINGTON, 13. C. A TOTAL CONTRACT SECTION CONTRACT OF THE PROPERTY AND ADDRESS OF THE ACCUSANCE OF THE PROPERTY OF THE ACCUSANCE OF THE ACCUSA

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT 5-15-82 3 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS 87 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH by the funeral of MARRIED A NEVER MARRIED WIDOWEDKK DNORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ould be filed ONU c MAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) filled I STATE 136 COUNTY 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 10 c MIDDLE LAST Ellen MIDDLE Anderson Butler Frederick 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 60 4752 Harry Deane/Son Same as event, the CAUSE OF DEATH (Enter only one cause per lige for lat, ib) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION prior % DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene YES 🗍 NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER PAA 214 INJURY OCCURRED ě 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN NOT WHILE COUNTY STATE AT WORK 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATI DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 234 PHYSICIAN'S NAME (THE OFFICE) 22e ADDRESS should b 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) COUNTY STATE Burial 18May82 Cemetery Suitland Md RAGO BY REGISTRAR 25% REGISTRAR'S SIGNATURE E. Wilhelm DHMH-16 20M (VRA 15, 4) 7/78 Funeral Home Inc Suitland, Md Pances

STATE OF MARYLAND



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BALTIMORE,	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY OF "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND STE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIL ED AS A BURIAL - TRANSIT FERMIT. PAGES 1 AND 2. SHOULD HEATTH AND MENTAL HYGENE, DIVISION OF MITAL PECONIAL, CREMATION, OR REMOVAL.	160.	WAS DECEASE (YES, NO, OR UNKNO Yes	D EVER IN U.S. AI	E WAR OR DATES)	1	CIAL SECURITY  1-16-3		17. INFORA Na: 99.	ncy F	H. D	imor	nd ADDRI	Laure	<b>-1</b>	Md 2	0708
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STATE OF MARYLAND

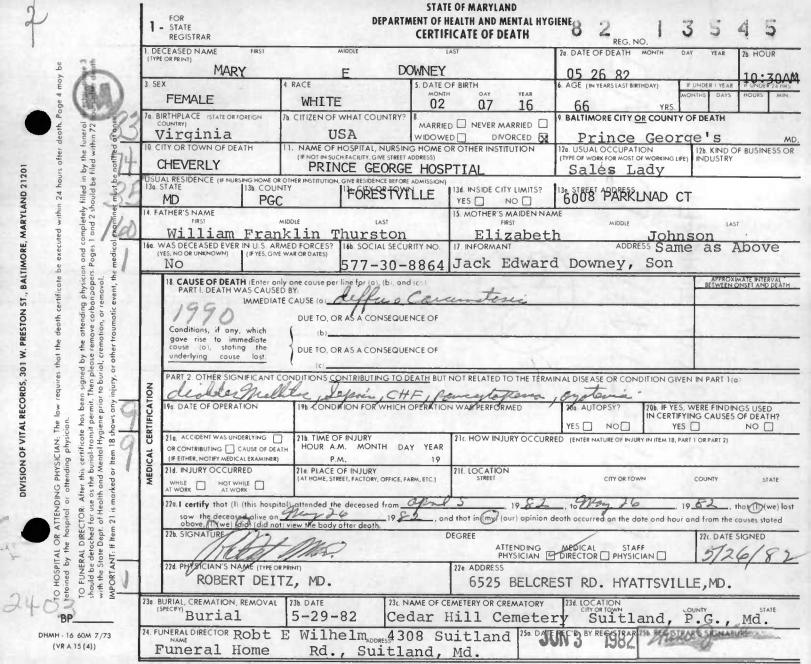
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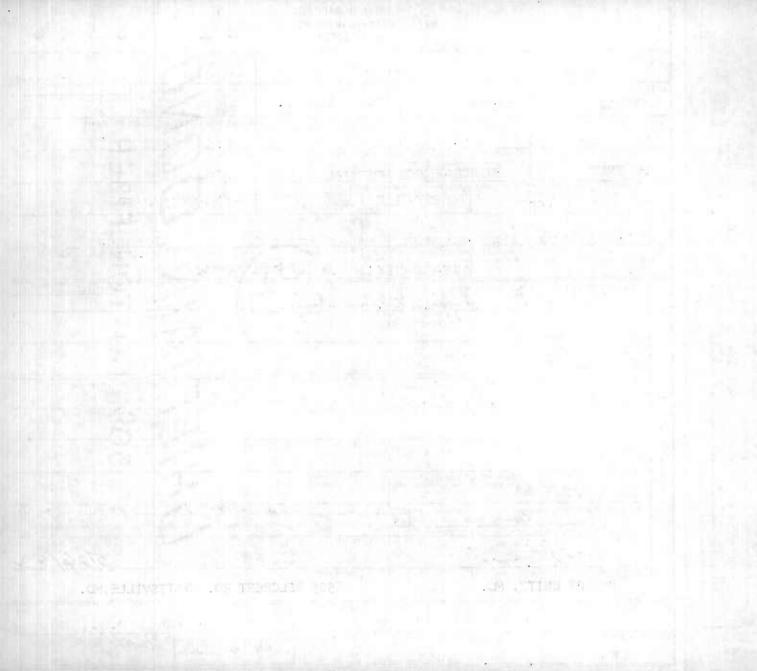
STATE OF MARYLAND

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P. Garch's Sone P.E. Prattaville, Md. \_ \_ dwn E L Hos





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0	G	210. ACCIDENT WAS UNDE	RLYING	216 TIME O	FINJURY		21c HOW	INJURY OCCURR	ED (ENTERNAT	URE OF INJUR	Y IN ITEM 18 P	ART 1 OR P	ART 2)		

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. DAY YEAR 21e PLACE OF INJURY 214 LOCATION (AT HOME, STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN

(my Your) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL Burial Bowle, Mary land May 28, 1982 Sacred Heart Cem. FUNERAL DIRECTOR Beall Funeral Home 16000 Annapolis Road, Bowie, Md.

236. DATE

BY REGISTRANTIL REGISTRAND STONATURE

COUNTY

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

MEDICAL

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IMPORTANT: If Item 21 is morked or Item 8 show

## FOR - STATE

## STATE OF MARYLAND

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	1. DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
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approved	PART 2 OTHER S	IGNIFICANT (	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	0.
H	190. DATE OF OPE										
å	S 196. DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20s AUTOPSY?		WERE FINDIN	
	=							YES NO	YES	ING CAUSES	NO [
and	210. ACCIDENT WAS		110110	FINJURY M. MONTH DA	AV VEAD	21c HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2}	·/ 10 - 11
-	OR CONTRIBUTING		NI PI	M. MOITH D	19						
9	OR CONTRIBUTING	URRED	21e PLACE			211 LOCAT		CITY OR TO	ha/hi	COUNTY	STATE
netille	- WORL NO	WHILE WORK	(AT HOME, ST	REET FACTORY, OFFICE, F	ARM ETC )	SIRE	E.1	CITORIO	,,,,,	(001411	STATE
3	220 1 certify that	(I) (this hospi	tal) attended th	e deceased from_		SIPT	19 75		- , 1	981	that (1) (we) last
ě	sow the dece	eosed olive on	t) view the body	ofter depth 19	P.J 01	nd that in (m)	) 🐙 r) opinion	death accurred on the do	ate and hour	and from the	couses stated
3	226. SIGNATURE	7,1000,100	01	Cinci decini.		DEGREE				22c. DATE	SIGNED
Ē	180	y son	out the	200			PHYSICIAN D	MEDICAL STAF		5/6/	82
	226 PHYSICIAN'S	NAME TYPE O	RPRINT			22e ADDRE					
	Robert	M. Neda	zbala, N	ID I		9401	Indian	Head Highwa	ay		
	230 BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23¢ N	NAME OF C		CREMATORY	23d LOCATION			
-	Burial		5/10/8	32 St.	Bar	nabas	Ch. Cem	etery Ten		lls Bu	G. Md.
							AR MA			The second of the last	THE RESERVE AND ADDRESS OF THE PARTY OF THE

DHMH - 16 50M 1/BI (VRA 15, 4)

74 FUNERAL DIRECTOR
G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

St. Barnabas Ch. Cemetery

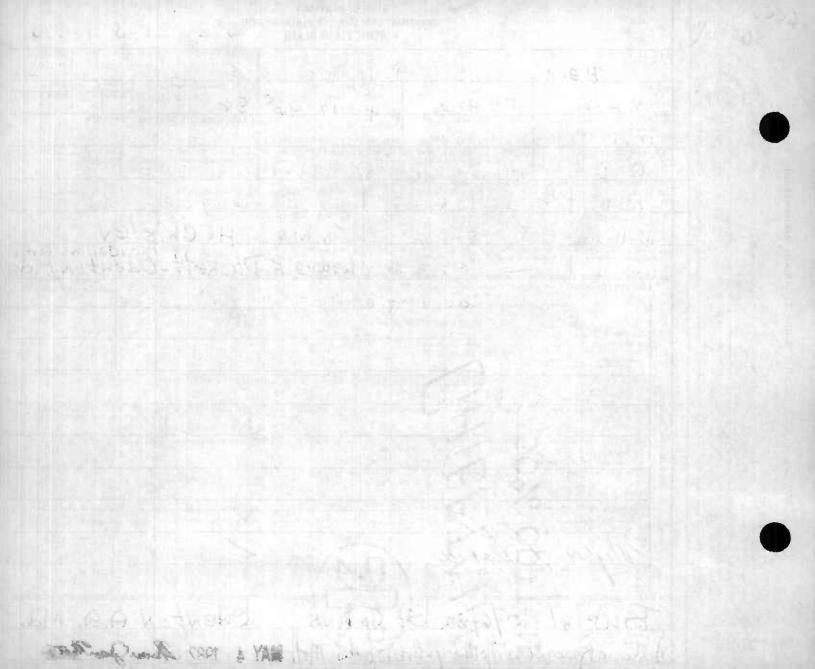
Robert F. Nedzbela, Fl 9401 Indian hero Hishway

Eurial 5/10/22 St. Barmabas Ch. Jenetery Temple Hills J.G. Vd.

x = 16/82

G.F. Halas ofto thom Hill Md. Onen Hill. Md.

C. 1	STATE OF MARYLAND
V X	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 3 5 4 8
1	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
ф ф	THERBIERT S. DUCKETT 5-3-82 320/4
OE A	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	MALE BLACK H 17 96 86 YRS. MONTHS DAYS HOURS MIN
7 7 97 /	6 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
deorth deorth	M. D. WIDOWED DIVORCED P. (T. M. D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12% USUAL OCCUPATION 12%, KIND OF BUSINESS OR
by the fi	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
in the feet	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
filled ould to	130. STATE 1136 COUNTY 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS  P. (5 Oden fon YES NO 1239 Collins Are.)
tely 2 sh	4 FATHER'S NAME FIRST . MIDDLE LAST FIRST . MIDDLE LAST . FIRST . MIDDLE LAST
out out	William 7 Duckett EMMA H. Chisley.
dice ges	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT APDRESS 12340011NS AVE
اله بن ۵	UNKNOWA - 212-36-6823 LOUIS E: VUCKELT-Udenfon, MId.
physicia on paper emovol.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), part I, Death Was Caused BY:
ev en	IMMEDIATE CAUSE 10) Cacinoma of Prostate z metastatio
e atentin e attendin move corb notion, or r traumotic	Due TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( b) + 5 Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
the deat the atter remove emation, er traum	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
5 5 2 5 E	underlying couse lost. (c)
y, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
en si or to or to y inju	Dehydration
hos been to permit. I ene prior aws ony in	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18. PART 1 OR PART 2)
orte hos nist per ygiene I shaws	YES NO
	LOD CONTRIBUTING TO CAUSE OF DEATH I HOUR A.M. MONTH DAY YEAR I
ding His ce burid Men Or fre	21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION
a + o a	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
TOR: Afti for use as of Health 21 is mor	220.1 certify that (I) (this hospital) attended the deceased from
RECTOR ned for uppt. of Hi tem 21 is	saw the deceased alive on 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not; view the body prior death.
0 0 0	DEGREE ATTENDING MEDICAL STAFF
TAL O y the RAL DI detocl fote Do	PHYSICIAN DIRECTOR PHYSICIAN
FUNE FUNE Suld be th the S	124 PHYSICIAN'S NAME (THE CHENT) 226 ADDRESS
0 6 0 4 3 8	
	236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN
BP	1250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE
AH - 16 50M 7/77 (VR A 15 (4))	Appress Man Morting Months Appress Man Morting Man May A 1002



STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

		REGISTRAR				CERTIF	CATE OF DEATH	U	REG. N	10	V	2	14.9	7
		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE	OF DE ATH	MONTH	OAY	YEAR	2b HO	UR
	(TAME	OR PRINT)	JOHN		Harriso	n EA	TON. Jr.	- 7		5	8	82	1:2	0A M
	3 SE	X		4 RACE		5 DATE	OF BIRTH		N YEARS LAST BI	(YACHTS	IF UND	DER I YEAR	IF UNDE	R 24 HR5
		MALE		Caucas	sian	July	16, 1917	64		YRS		BATS	HOURS	MIN.
4		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIA	ORE CITY		_	EATH		
3	OK	Tahoma		U.S.A.		WIDOWI			CE GEC	RCE	s co	UNTY		MD.
1	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUA	LOCCUPAT	ION .		. KIND O	FRUSIA	
le	CI	LINTON			RN MARYLA		SPITAL.	Perso	nnel	Dir	ect	or	tvoi	
0	JUSU/	AL RESIDENCE (IF NURS	136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		a lu crass	T + DDDEES					
5		ryland	Pr.	Geo.	Brandyv	vine	13d INSIDE CITY LIMITS	143	20 Bi	and	ywi	ne H	leig	thts.
		THER'S NAME		MIDDLE	1457		15 MOTHER'S MAIDEN	NAME						- 100
0	J	ohn Harr	ison	Eaton,	Sr.		Martha	A. For	quer			LAS	1	
		VAS DECEASED EVER			16b. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDR	ESS				
	Y	YES, NO OR UNKNOWN)	WWI	WAR OR DATES)	441-05-	-0035	Margaret	V. Ea	ton	Sa	me A	As 1	3 A	-E
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for Ja), (b), an	d (c)	/	1				APPROXI BETWEEN	MATE INTE	RVAL D DE ATH
		PART I. DEATH W		TE CAUSE (0)	1:uly	nor	rary S	dem	ec			1	ens	
	Table 1	4867	3		R AS A CONSEQUE	NCERE	Ma						-	_
	-	Conditions, if any,	which	( b)	2 /0	Jon	no men	no	320			de	7	
		gave rise to imr		DUE TO OF	R AS A CONSEQUE	NCE OF						//	7	
ui		underlying couse		(c)	( AS A CONSEGUI	INCE OF						1		
		PART 2 OTHER SIGN	VIFICANT (	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISE	ASE OR CON	DITION C	SIVEN IN	PART 10	0	
	CERTIFICATION	Als	her;	min	The	س	_							
7	CAT	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?			E FINDIN		
	TIE							YES	NO		YES [	CAUSES	NO [	TH?
1	CER	21a. ACCIDENT WAS UNE		LIGHT A	FINJURY M. MONTH DA	AV VEAD	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJU	RY IN ITEM 1	B PART I OF	R PART 2)	74	
	CAL	OR CONTRIBUTING (				19								
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE C	OF INJURY EET FACTORY, OFFICE, F	1844 ETC.)	211. LOCATION		CITY OF TO	WN	C	OUNTY		STATE
	2	AT WORK AT WO	RK .	(AT HOME SIK	EET PACTORT, OFFICE, P	ARM, ETC.)		~						
		22a I certify that (1)	(this hospi	ital) attended the	e deceased from_	4/	24 19	/2 10_	5/	8	. 19	7	that (I) (	(we) lost
		saw the decease obove, (1) (well)	ed olive on	t) view the backy	ofter deoth.	2,01	nd that in (my) (aur) opini	ion deoth occur	red on the d	ote and h	our ond	from the	couses st	toted
		22b. SIGNATULE	-	//			DEGREE				2	20 DATE	SIGNED	
		1	/m	Jorga	-1. My	17	ATTENDING PHYSICIAN		R PHYSIC		4.7	5/1	1	12
		22d. PHYSICIAN SA	AME (TITE)	W FIRST NO.	1		22e ADDRESS	1	- 17			/		
		4235	26	C US	Ane		1577 H	1 M	057	10>	TN	11	1	>
	23a B	BURIAL, CREMATION,					EMETERY OR CREMATOR	RY 23d LO	CATION					
	Bu	rial		May 11	,1982 M	) Vet	terans Cem	.  Che	Itenl	nam,	Pr	. Ge	0.	MD M

DHMH-16 50M 1/81 (VRA 15, 4)

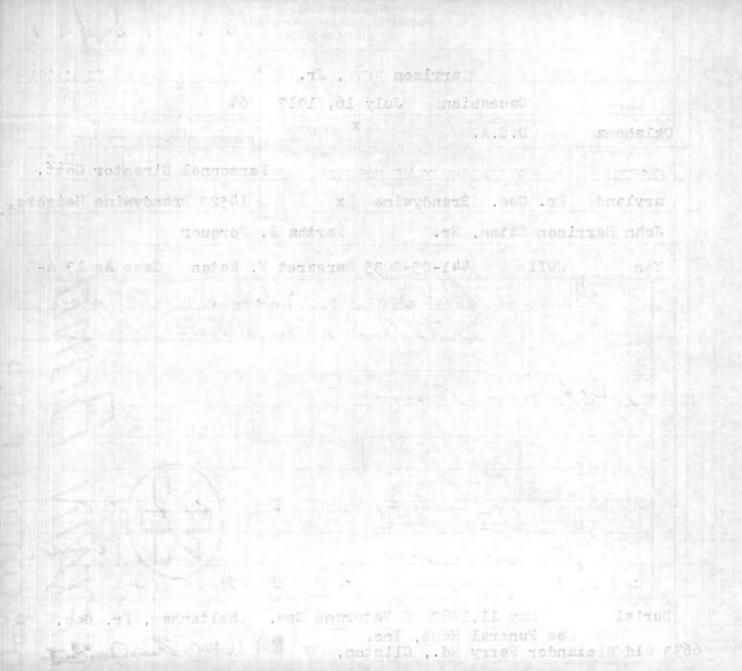
TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleasewith the State Dept. of Health and Mental Hygiene prior to burial.

MPORTANT: If Item 21 is marked or Item 18 shaws any

Burial May 11,1982 MD Vetera

14 FUNERAL DIRECTOR Lee Funeral Home, Inc.

663 3 Old Alexander Ferry Rd., Clinton,



emotion.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME LAST 20. DATE OF DEATH 26 HOUR ZAITAM ENMI: 1902 ECHAVES MAY 211 M:35 3 SEX 4 RACE DATE OF BIRTH CAUCASIAN 1899 24 83 YRS MALE FEB TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED HILIPPINE ISLANDS DIVORCED PRINCE GEORGE'S ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION
(TYPE OF CONTROL TO MAN CONTROL LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY PERSONNEL CLERK MILITARY MDREWS AFR MALCOM GROW USAF MEDICAL CENTER USUAL RESIDENCE (IF NUR. 130. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1275 AALH BY ZE 5007-3 NOTONTHZAL WASHINGTON NO [ 15 MOTHER'S MAIDEN NAME Isidoro Echaves Fernanda Cadungugus 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Dorothy Bailey 6700 Sisalbed Dr. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Capitol Heights Md. UNKMOUN 679-40-33,48 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse

R NATURE OF INJURY IN ITEM I	COUNTY STATE
CITY OR TOWN	
- 1011	-0.
urred on the dote and h	, 1922, tho (1) (we) los hour and from the causes stated
AL STAFF OR PHYSICIAN	22c. DATE SIGNED 21 May 82
TOTAL OF	ON MED D
	AL PHYSICIAN DEDICAL CI

Arlington National

Arlington, Virginia

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 46633

BP

MPORTANT:

(SPECIFY)

Burial

May 26,1982

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. Old Alexander Ferry Rd., Clinton,

dward Whompson, 1.D. nitional and inches and an inches and an inches 6633 Old Alexander Sarry Md., Clinton, and Malest 1882 day of the FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	o		~	
		CEASED NAME FIRST	WIDDIE		LAST		MONTH DAY	YEAR	2b. HOUR	
		Myrtle	Jones ELA	JIN		May 4	1982		11:50	OPM
	3. SE		4 RACE	MONT	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24	4 HRS
		Female	White	Apr	19 <sup>0</sup> 19 <sup>0</sup> 08	74	YRS.			
7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		- 1	
_		ash., D. C.	USA	WIDOW			George	'S		MD.
3	I	anham	NAME OF HOSPITAL, NURS OF HOSPITAL HOSPITAL OCTORS HOSPITAL	al of	Pr. Geo. Co.	OTYPE OF WORK FOR MOST O Admin. A	F WORKING (IFE)	12b. KIND O INDUSTRY Dept	-	
7	13a. S	AL RESIDENCE (IF NURS  TATE  D. C.	13c CITY OR JO Washir	WN	113d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 3700 Bar	igor S	treet	z, S.	. E
	14. FA	Trving	MIDDLE JONE	s	15. MOTHER'S MAIDEN NA LUCY	WE	Lic	htner		
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ame a	s Abo	ve	_
3		No		-289	Carole Eme	rson, Daug	hter,			
		PART I. DEATH WAS CAUS  1629 IMMEDIA  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO	JENCE OF	cell carci	9	the		MATE INTERV.	ÊĂTH.
	TION		Conglative	hea	It fai	lure				
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATIC	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES (	VERE FINDIN	OF DEATH	?
	MEDICAL CE	710. ACCIDENT WAS UNDERTYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  71d. INJURY OCCURRED  WHILE NOT WHILE		19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STA	ATE
			oital) attended the deceased from			2 , to 5 , 4	. 19.		thot (I) (we	
			n19_ at) view the body after death		nd that in (my) (aur) apinian	death occurred on the do	ate and haur or	nd from the o	causes state	ed
		226. SIGNATUR Da	kheel in	,X,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		5/5/		â
		22d PHYSICIAN'S NAME (TYPE	akheef		14300 Gal	lant Fox L	n. Bo4	rie,	20	715

DHMH-1650M 1/B1 (VRA 15, 4)

should be detached for use as with the State Dept. af Health MPORTANT: If Hem 21 is

730 BURIAL, CREMATION, REMOVAL Burial 236 DATE 5-7-82

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

Suitland, P.G., Maryland

<sup>74 FUNERAL DIRECTOR</sup> Robt E Wilhelm Fnrl Home 4308 Suitland Rd., Suitland, Md.

the same of the sa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) PAULINE C. **ENGLISH** 05-16-82 2:50AM, 4. RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS March 27 1905 Female Caucasian To. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IJ.S.A. PRINCE GEORGE'S COUNTY N.Carolina WIDOWED DIVORCED [ 8 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
PRINCE GEORGE'S GENERAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY Maker Home USU AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Riverdale 5603-Longfellow St. Pr. Geo. Md. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Curtis (Unknown) MIDDLE LAST George ADDRESS 2085-Lake Grove 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-62-9297 James H. English Lane . Crofton, Md. APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for Aa), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D Conditions, if ony, which gove rise to immediate cause (a), stating the DUÉTO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO I 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 10 73 1982 \_. and that in (my) (awr) apinion death accurred an the date and haur and from the causes stated saw the deceased alive an\_ abave, (1) (we) (did) (did nat) view the bady ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PE 22e. ADDRESS PERRY ST ARYANGAT 20822 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Trungton Arlington Nat.Com. 24 FUNERAL DIRECTOR Tt. Rainier. M 20. DATE REC'D. BY REGISTRAR 256. AD ALSTRA CALLANDE DHMH - 16 60M 7/73 alley's F.H. Barech (VR A 15 (4)) Inc.

Delta of the star of the malescene AT HOLD MINISTER STATE OF THE S THE PERSON AND DESCRIPTION AND RESIDENCE CONTROL OF YOUR AND ADDRESS. A STATE OF THE STA - entire to the tree toin intention part is non-feet with the

1/	-	FOR					AARYLAND I AND MENTAL H	VOIENE				
1	11-	STATE REGISTRAR					CERTIFICATE O	13 4	2	3	5 5	3
THE REAL PROPERTY.	1. DÉ	CEASED NAME	FIRST	77121	MIDDLE	TER 3	LAST	2a. DA	TE KNOWN 10	нтиом	DAY YEAR	
N. W. W.	(TYP	E OR PRINT)	LILLIAN		LIZADETH	-	^~	O DEA	TH MATED	5-12	2 19 8	
PLEAS FEIDR	3. SEX		ACE	5. DATE OF BIRTH	LIZABETH 6 AGE (IN	EARS IF UN	AY NDER T YR. IF UNDER	24 HRS. 2c. D	ATE '	MONTH	DAY YEA	
X2583	FE	MALE W	HITE	4-XX-92	YEAR LAST BIRTH	YRS. MONT	HS DAYS HOURS	MIN. PRONO	DUNCED EAD	5-13	2- 19 83	.
FCESSARY FOR YOU WITHIN 72 PRESTON	7a. BI	RTHPLACE (STATE O	OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR	IED NEVER MARRI	a PAL	TIMORE CITY OR			
NEGS.	VAS	HINGTON,	D. C.	u.s.		WIDOV	VED DIVORC	ED 🗆	PRINCE	GE01	RGES	MD.
29%71	ID. CI	TY OR TOWN OF D		(IF NOT IN SUCH FA	PITAL, NURSING HOA	AE, OR OTH	HER INSTITUTION		CUPATION (TYPE OF	WORK 1	A TOR INDUS	BUSINESS DRYSOCIE
492 48 T	ALISTIA	CHEVERLY		PRINCE G	EORGES GEN	ERAL	HOSPITAL	ACCUL	INTANI	147	ALL GE	JOULE
21201 F ANY DEL AND 3 TO RETAIN PECORDS	13a S	ARYLAND	13b. COUNT	G.	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES X NO	3800 L	OTTSFORD	VIST	TA ROAT	D
MD. 77. 1, 2, 1, 2	14. FA	THER'S NAME	1197	MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE	COL	CA IV. JASTA I	
AN PER PER		THOMAS		F.	FAY		MAR				ENWELL	TALL DO
BALTIMORE, S AFTER DEAT GIVE PAGES TITH FORM PP PAGES I ANI	16a. V	VAS DECEASED EV	(IF YES, GIVE V	AED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		ROBERT H.		BETHESD			TON RD 20816
RS A SIN OIL		NO 18 CAUSE OF DE	ATH /Fator and		579-48-8	265	KUDEKI TI.	LACEY	BLITILSVI	١٧١١ ,		ATE INTERVAL
W. PRESTON ST., WITHIN 24 HOUR ENCIL IN ITEM 18. MINER ALONG W MINER ALONG M M MINER ALONG M M MINER ALONG M M M M M M M M M M M M M M M M M M M		PARTIDEATH	WAS CAUSED	BY: ART	far (a), (b), and (c).)	TIC C	ARD I BVASCU	LAR DISE	ASE		BETWEEN ON	SET AND DEATH
A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		4291	)	E CAUSE (d)	AS A CONSEQUENCE					711		
PRE ANS AL H	-		any, which	(b)								
TW.			ting the under-	DUE TO, OR	AS A CONSEQUENCE	OF						10.0
S, 201 CUTED I. EXA. JRIAL- ND ME				(c)								
AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2 UID BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF A "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, A EF MEDICAL EXAMINER ALONG WITH FORM PM 3. R ED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SH HEATH AND MENTAL HYGIENE, DIVISION OPWIGLER AL, CREMATION, OR REMOVAL.	NO	PART Z UTNER SIGNIFIC	CAMI CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT I : a :				
ALRE ALRE ALRE ALRE ALRE ALRE ALCONID	CERTIFICATION	19a DATE OF OPE	ERATION	196 CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPS	Y?
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DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." REDED TO THE CHIEF ES 3 SHOULD BE USE TO SPRICE TO BURIAL		UNDERLYING [	OR	HOUR A.M	MONTH DAY YE		OW INJURY OCCURRE	D (ENTER NATURE C	PF INJURY IN ITEM 18 PAR	T I OR PART	2)	
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L EXAMINER: 1  E CERTIFICATE, DUID BE FORV  IL DIRECTOR: P. WITH THE SI: P. WARYLAND; S. WARYLAND; S.		22a. I certify th	at I taok charge	e af the remains des	cribed abave, held an	Autap	sy , Inspection	n 🖈 Inqu	niry X, and i	п ту арт	iian	
- F-2015		death resulted Ir	ram: Nature	al causes X.	Accident ,	vicide)	, Hamicide .	Undetermine	manner ,			
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STIFIC STIFIC		deoth resul	ted fram: Natu	ral couses X,	Accident	□, Su	icide 📖	, Hamid		Undeter	mined mo	nner				
DIVI  TO MEDICAL EXAMINER: THIS CE  TO MEDICAL EVAMINER: THIS CE  TO FUNERAL DIRECTOR: PAGE 3  AFTER DEATH, WITH THE STATE DE  BATIMORE, MARYLAND, 21201 P		ACTUAL SIGNATURE	Hugu	5 As 19	Colly	que			puty	MEDIC	AL EXAM	NINER	DAT	E 5,	/20/1	982
DIE THE NOR		EXAMINER'S	NAME	, /	()	0										
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500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 6 g567 5/18/82 gj

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- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Milliam Codrona History Williams meals Caucasian Arril 1, 1959 69 Weshington, BC au. S.A. Haury A. Wishey .. Walley .. TOLO LILANIESTA LA 10 L S/W ... 578-10-7200 Joanne J. Schmidt - Tomple Hisse, do Crenation at 7,1082 -100's Company Continued, 55 ler Immersi Ilone, Inc. Afra eld Alexa der Terry Ed., Clinton, ale Ma 18 mus St. Com Seller injury, or other traumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	3 5	5 7
	CEASED NAME FIRST E OR PRINT) Mar		elen		zpatrick	20 DATE OF D	May 7.	1982	2b. HOUR A.
3 SE		Y L.	ccen	5. DATE C		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	W
	Female	Whit	е	Fel		92	YR:	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)  Ireland		S.A.	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED		city or coun		MD.
H	Tyattsville	(IF NOT IN SUC	cred Hear	t Hon	ne, Inc.	120 USUAL OC (TYPE OF WORK FO Hous	CUPATION OR MOST OF WORKING BEWLIE	G LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OR
Ma	aryland Mont	ROTHER INSTITUTION NTY gomery	13 CITY OR TOWN	prine		LI-STREE AF		berwood 4	erue
14. F/	Patrick	WIDDEE	Brosna		15. MOTHER'S MAIDEN N		WIDDLE	Mu	rphy
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN)     IF YES, GI	RMED FORCES? VE WAR OR DATES)	220-44-1		Catherine M	ughter . Herlih	y Same	as 13	
NO	Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b)	RAS A CONSEQUE RAS A CONSEQUE CONTRIBUTING TO D	NCE OF L12 ed NCE OF	ARTERIOSO  NOT RELATED TO THE TER	Lenosk		GIVEN IN PART 1(	01
CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20b. IF IN CER	YES, WERE FIND II RTIFYING CAUSES YES [	NGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	RM. ETC )	21f. LOCATION STREET	71	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hosp saw the deceased olive of above, (1) (we) (did) (did a 22b. SIGNAZORE	Mas	3 19 A	0		n death accurred  MEDICAL DIRECTOR	STAFF		that (I) (we) last causes stated  SIGNED
25	Bemand M	Dipie	TITZGCRH colo		217 UNIVERS	174 BLUB		EN SPRING	Mazegaj
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	May 10	,1982 Mt	. Oli	emetery or crematory	23d LOCATI Wash	ington	COUNTY	O.C. STATE
24 FI	UNERAL DIRECTOR Franc NAME  O University B	is J. Co. Evd., W	llins Silver Sp	ring,	Md. 250 D	AY 13 19	87 Rag	SISTRAR'S SIGNAT	TURE

DHMH-16 30M 2/80 (VRA 15, 4)

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1.	REGISTRAR DECEASED NA		FIRST	WE	DICAL EXAMINE	R'S CERTIFICA	Zo. DATE	REG. NO.	MONTH DAY YE
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5	SEX	4. RACI		5. DATE OF BIRTH	6. AGE (IN YEAR	IS IF UNDER TYR. IF	UNDER 24 HRS. 2c. DAT	E	MONTH DAY Y
L	Male	Whi	te	March 4,	1982 YRS	MOINTS DATS	DEA	D	5 22 19 8
7	BIRTHPLACE FOREIGN COUNT	RY)		76. CITIZEN OF W		MARRIED   NEVER	R MARRIED	MORE CITY OF	COUNTY OF DEAT
10	Maryla		TH	U.S.A.		OR OTHER INSTITUTION	DIVORCED   Prin	ce Geo	rge's Coun
				LIENOT IN SUCH FA	r's Hospital	OR OTHER HASTITUTIO	FOR MOST OF WO	RKING LIFE)	OR INDI
		CE (IF IN NUR		OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION			500	I IV X
13	Maryla	-	P.G.		Greenbelt	YES X	NO 130 STREET ADDR	Ridge R	load
1	FATHER'S NA	WE		WIDDIE	LAST	15. MOTHER'S	S MAIDEN NAME	MIDDLE	LAST
L	Thomas			0.	Foerter	Debora			Halled
16	WAS DECEA		IN U.S. ARM ITF YES, GIVE W		16b. SOCIAL SECURITY			ADDRESS	Address Sa
_	No				None e far (a), (b), and (c).)	THOMAL	0. Foerter		No# 13e.
,	gave		iny, which immediate the under-	DUE TO, OR	R AS A CONSEQUENCE O				
,	gave cause lying	rise to (a) stating cause last.	iny, which immediate the <u>under</u> -	(b)	R AS A CONSEQUENCE O	F			
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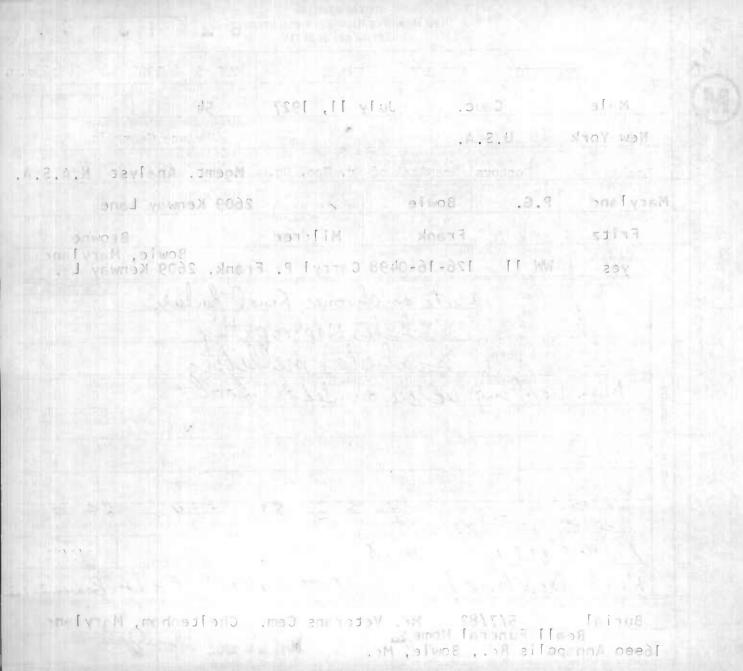
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



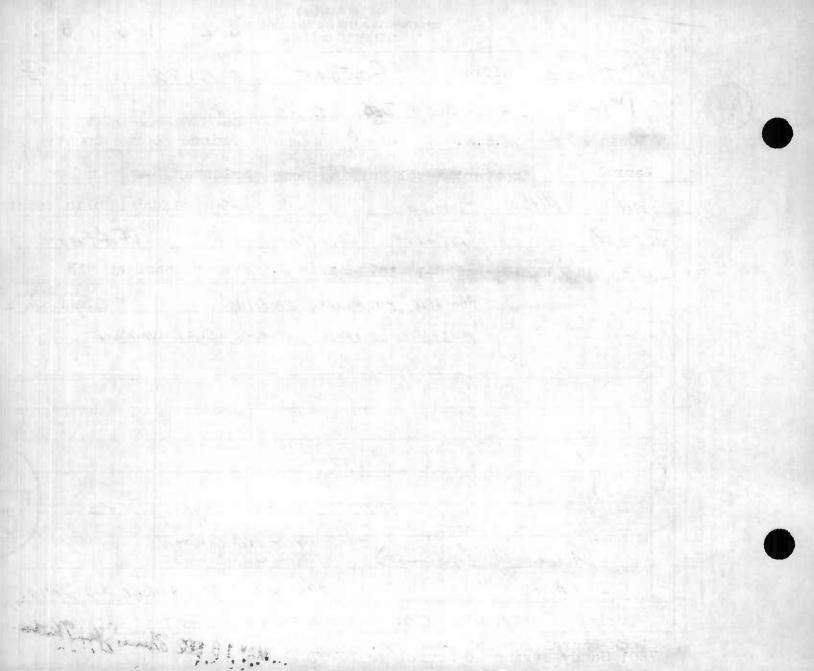
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May De Ta	1. DECE.	ASED NAME R PRINT)	TRMA		MIDDLE G.	FULT	ON		20. DATE KNOV OF ESTI DEATH MATE	WN MONTH	3 19 82	
ASSES.	3. SEX Fema	ale N	egro	5. DATE OF BIRTH MONTH DAY Feb. 1,	6. AGE	(IN YEARS IF UN IRTHDAY) MONT		UNDER 24 HRS.	24 DATE PRONOUNCED DEAD	MONTH 5	3 1982	AR 2d HOUR
MANAGE OF THE PROPERTY OF THE	70 BIRT	HPLACE (STATE O	0	76. CITIZEN OF WE	IAT COUNTRY?	10	IED   NEVER	MARRIED [	9 BALTIMORE O	_	NTY OF DEATH	
DELAY IS N I TO THE FU N PAGE S BE FILED, POS, 201 W	C	heverl	<b>У</b>	11. NAME OF HOSE (IF NOT IN SUCH FACE (	PITAL, NURSING F CILITY, GIVE STREET ADDI George's	Genera	ERINSTITUTION	n 120. US	UALOCCUPATIO		D.C.G	BUSINESS ISTRY OV t.
21201 F ANY DI AND 31 RETAIN HOULD E RECORD	USUAL F 130. STA		NURSING HOME O		residence before act 13c. CITY OR TON Seat Pl	VN	13d INSIDE CITY LI		REET ADDRESS	tings	Dr.	
ORE, MD. DEATH. IF NGES 1, 2, NM PM 3. 1 AND 2 SI OPWILAL		HOLLANG FIRST HOLLANG S DECEASED EVE		MIDDLE S.	M11		15 MOTHER'S FIRST The  17. INFORMAN	MAIDEN NAM	E MIDDLE		llkes	
BALTIMORE, SS AFIER DEA' GIVE PAGES I'TH FORM PAGES 1 ANI INISION OPPAGES I ANI	(YES,	O OR UNKNOWN)	(IF YES, GIVE		577-62	-7013			on-4430			Md.
D BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS TENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE EXAMINER ALONG WITH FORM PM 3. SETTAIN PAGE SAS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. ALIHA AND MENTAL HYGIENE. DIVISION OPWITAL RECORDS, 201 W CREMATION, OR REMOVAL.	P	Conditions, if gave rise to cause (a) statillying cause la	any, which immediate ng the under-	DUE TO, OR	AS A CONSEQUER	NCE OF	TON CONSTRUCT					NSET AND DEATH
VITAL RECORDS, SHOULD BE EXECT ORD "PENDING" CHIEF MEDICAL TO F HEATH AND URIAL, CREMATICAL TO F HEATH AND URIAL, CREMATICAL	N O	Carclea 90. DATE OF OPE	e mu	mes.	ION FOR WHICH					H) 98	20 AUTOPS	XX
N OF OF THE WOLLD B STAMEN		ONTRIBUTING	OR CAUSE OF D	DEATH P.M.	MONTH DAY	YEAR	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	TEM 18 PART 1 OR P		
DIVISIO HIS CERTIF WRITING WAGE 3 SHO ATE DEPAR	¥ v		T WHILE WORK	21e PLACE C STREET, FACTO	OF INJURY (AT HO) ORY, FARM, ETC.)		CATION		CITY OR TOWN	Co	OUNTY	STATE
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	A S	220. I certify the death resulted from CTUAL IGNATURE	Augus	rel couses X,	Accident ,	Suicide	Hamicide TITLE (SPEC	Y MED	Inquiry K, termined manner DICAL EXAMINER The Ct.,	ond in my o	5/3/ NED_5/3/	
TO PAGE		IAL, CREMATION	I, REMOVAL 2		23c. NAME O	F CEMETERY C	R CREMATORY	City	OCATION Y OR TOWN		YINU	STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	- N	IERAL DIRECTOR		ADDRESS ADDRESS	4925 B	ony Me	25 a.	DATE REC'D. B		REGISTRAR'S	SIGNATURE TO	la.

Mang A wind a erros somial c .m. F.G. ont Tenent 7 7002 Eastinus Dr. of Land - 4. Stelle 577-62-7011 Foneld Euleon-4420 23rd Floor, No.

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BIR'	ale	black	5. DATE OF BIRTH						157	OF DEATH	MATED [	5-5	1982	M
FORE			<sup>мо</sup> 4 <sup>т</sup> ±26₽36	5 YEAR	6. AGE (IN YEAR ASSISTED AY YRS	MONTH		HOURS		RONOUNG DEAD	CED	5-5-	82 19	
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0 XO	on Hill	F DEATH	11. NAME OF HOS	alish	oury	Driv			12a USU	OST OF WORK	ATION (TYPE	E OF WORK 12	OR INDUS	BUSINESS
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,	JOHN	EVED 1111 C 1121		RISON		110	MAM	I E	N NAME	MIC			ONTY	
ye.	S_	(IF YES, GIVE V	e a	134	-26-6		DELO	RIS	HATS	HERS	ON (c	ommon		
	gove rise couse (o) s lying couse PART 2 OTHER SIGI	, if ony, which to immediate toting the <u>under-elost</u> .	(b) S: DUE TO, OR (c)	AS A CONS	SEQUENCE OF	F	OR CONDITION	GIVEN IN PAI			6.17.1			
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CAL CERT	JNDERLYING	OR	HOUR A.M	. MONTH	DAY YEAR	21c. HO	W INJURY (	OCCURRE	D LENTERN	ATURE OF INJU	RY IN ITEM 18 F	PART I OR PART		NO []
	WHILE	NOT WHILE			(AT HOME.					CITY OR TOW	Z	COUN	ΤΥ	STATE
	death resulted	August	a State	Acquent	, Suic	ide	Homicia Deput D	e . ECIFY)	Undete	CAL EXAMI	nner,	DATE SIGNED	5-5	-82 1.20748
	RIAL, CREMAT	ON, REMOVAL 23				ETERY OF	CREMATO				ver.			STATE
	WEDICAL CERTIFICATION  MEDICAL CERTIFICATION	ACTUAL SIGNATURE STATE MARYLAND A FATHER'S NAME FIRST JOHN  TO HN  TO HN	MARYLAND PRING  4. FATHER'S NAME FIRST JOHN  50. WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED  18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED  19. CONDITIONS  19. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  210. INJURY OCCURRED  WHILE AT WORK  220. I certify that I took charge death resulted from: Natura  ACTUAL SIGNATURE  EXAMINER'S NAME AT WORK  220. I certify that I took charge death resulted from: Natura  ACTUAL SIGNATURE  EXAMINER'S NAME AT WORK  220. I certify that I took charge death resulted from: Natura  ACTUAL SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  EXAMINER'S NAME AT WORK  210. I CERTIFY THAT I TOOK CONTRIBUTION  ACTUAL  SIGNATURE  ACTUAL  SIGN	MARYLAND PRINCE GEORG  4. FATHER'S NAME JOHN  50. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  YES  18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)	MARYLAND PRINCE GEORGES O  4. FATHER'S NAME JOHN  50. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I DEATH WAS CAUSED BY:  19. CONDITIONS, if only, which gove rise to immediate couse (o) stoting the under-lying couse lost.  19. DUE TO, OR AS A CONSTITUTION TO REATH BUT NOT RELATED TO THE PRINTING OR CONTRIBUTING OR CONTRIBUTION FOR VERNEL CONTRIBUTING OR CONTRIBUTION FOR VERNEL CONTRIBUTING OR CONTRIBUTION FOR VERNEL	A STATE   136. COUNTY   136. CITY OR TOWN   MARYLAND   PRINCE GEORGES OXON   H	MARYLAND PRINCE GEORGES OXON HILL  4. FATHER'S NAME JOHN  50. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN)  YES  TREAT CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Conditions, if ony, which gove rise to immediate couse (o) stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  The Contributing Cause of Death  The Contribution Cause of Death	TOUR TYPE OF OPERATION    A. FATHER ISSUE   134. COUNTY   PRINCE GEORGES OXON HILL   YES X     A. FATHER ISSUE   15. MOTHER ISSUE   16. SOCIAL SECURITY NO.   17. INFORM MAM MAM MAM MAM MAM MAM MAM MAM MAM M	A STATE   134 COUNTY   134 COUNTY   134 COUNTY   134 MARYLAND   134 MARYLAND   136 MARYLAND   136 MARYLAND   136 MARYLAND   137 MADE   138 MARYLAND   138	A STATE   134 COUNTY   134 CO	MARYLAND PRINCE GEORGES OXON HILL    SATE   134, COUNTY   PRINCE GEORGES OXON HILL   SATE   134, EATHERS NAME   MIDDLE   14, FATHERS NAME   MIDDLE   15, MOTHER'S MAIDLEN NAME   MIDDLE   15, MOTHER'S MAIDLEN NAME   MAN I E   15, MOTHER'S N	ARTHER STATE   134. COUNTY   134. CITY OR TOWN   134. MISSE CITY NO.   134. MISSE CITY	In control   In	Id. CITY OR TOWN   Id. CITY OR TOWN   Id. CITY OR TOWN   Id. MISSING CITY IN ID.   Id. MISSING CITY IN ID.   Id. MISSING CITY   Id. MISSING CITY

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		-1-	STATE OF MARYLAND	
	11	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 6 3
	21	1.0	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  REG.	* * *
	W		PE OR PRINT)  OF ESTI- X 5-10	28 = 26 HOUR
	FEASE CTOR. FILES. OURS TREET,	3. SE	THEODERE GATEWOOD	1982 M
	Z-7-2-E		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. RECNOUNCED	11:30
	(38,81)		BOTHOLOGE (STATE OR ) TO CITIZEN OF WHAT COUNTY OF COUNTY	13 0 1 W
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	NA STATE OF THE ST	1 C	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12 USUAL OCCUPATION (TYPE OF WORK 12 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PRINCE GEORGES GENERAL HOSPITAL  OF THE PRINCE GEORGES GENERAL HOSPITAL  PRINCE GEORGES GENERAL HOSPITAL  OF THE PRINCE GENERAL HOSPITAL	OR INDUSTRY
102	AANY DE CONTROL DE CON	ISU I3a.	AL RESIDENCE (# IN NOSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS? 13d STREET ADDRESS	Dr
0. 21201	A TOOL		VIII TAKING FERAL YES NO 1 6203 MUYER	de bro
RE, MD.	W N SI		ATHER'S NAME PERST  AND PERSON NAME  AND	nax
BALTIMORE,	SES	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT RECORD VARENCE CORD DUE NO OBLUNKNOWN) (14 YES, GIVE WAR OR DAIES). 579-X6-549 VARENCE CORD	3
	DURS AI 18. GIV 3. WITH AIT. PAC E, DIVIS		PART I DEATH (Enter anly one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.	XECUTED WITHIN 24 HOUR VG" IN PENCIL IN ITEM 18. CAL EXAMINER ALONG W BURIAL-TRANSIT PERMIT. AND MENTAL HYGENE, D ATION, OR REMOVAL.		14 2 9 1 IMMEDIATE CAUSE (0)	
ES	HIN NSIT A	3	Conditions, if any, which	
W. P	UTED WITHIN PENCIL EXAMINER SIAL - TRANS		gove rise to immediate (b)	
	D WE EXA		lying cause lost.	
DIVISION OF VITAL RECORDS, 201	m = 2 / T >	1_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
0	MED AS A SECTION OF SE	1 6		
AL R	SHOULD BE CHIEF MED E USED AS. T OF HEALTI	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
N N	WOR WOR BEC	48	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART I	YES NO T
Ö	S#±355 -		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	()
Sio	CERTIFIC TING TH DED TO 3 SHOU DEPART	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21L LOCATION	
Did	TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHAFTER DEATH, WITH THE STATE DEPARTIMORE, MARYLAND, 21201 PRILL	ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.]  STREET CITY OR TOWN COUNT	TY STATE
	ATE. ATE. ORV		22a   certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry	ion
	MIN	1 -	death resulted from: Notural couses X, Accident . Suicide . Homicide . Undetermined manner .	
	WAR WAR		ACTUAL DEPOTYFY)	5-12-82
	SHATE SHE	7	SIGNATURE M.D. MEDICAL EXAMINER SIGNED.	
	MEDIA CUTE FUNA FIRDE	4	EXAMINER'S NAMOUSTO P RODRIGUEZ, M.D. 5009 RAYBURN CT. CAMP SPRII	NGS, MD 20748
1790	PAR DE P	73e	CHEMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 233 OCATION COUNTY	in sin
0-11	BP	4	UNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIG	ma
	DHMH - 17 (VR A15 ME (5) )	24	IN HPACON 2 DOBESS 14 BCANIA) DOBESS NAKS SIG	INATURE
1	15M2/80		MAY 20 1982	Hard

The same of the sa

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😥 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS CARLOS Jr. 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH White Aug 18, 1912 TO. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland eora USA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Ret. Cartographer SUAL RESIDENCE (IF NURS OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ArundLothian Md. 184 Waysons Court YES [ NO Anne 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Steele Carlos Gibbs, Sr. Ethel E. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATES) 577-16-8643 Rose Mary Gibbs, Wife, Same as Above BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: undured DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NOI 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJULY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR W.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 01/ 21e PLACE OF INJURA 211 LOCATION (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OR TOWN 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on\_ and that in (my) (our) opinion death accurred of the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF be deta PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORTA ld b SGROVER MEOI Surra 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE Burial 5-14-82 Cedar Hill Cem. 24 FUNERAL DIRECTOR Robt E Wilhelm ADDRESS 4308 Suitland DHMH - 16 50M 1/81 (VRA 15, 4) Funeral Home Rd., Suitland, Md.

BALTIMORE, MARYLAND 21201

RRESTON ST

STATE OF MARYLAND

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1 DECEASED NAME FIRST	WIDDLE	LAST	26 DATE OF DEATH MONTH	OAY YEAR	26 HOUR
FLOR	ENCE M.	GIDDINGS	5 /	26/82	1:05F
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Black	Nov. 7, 1923 YEAR	58 <sub>YRS</sub>	MONTHS DATS	HOURS MIN
TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORG	E'S CO	UNTY,
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		170 USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKING)		F BUSINESS O
CLINTON	SOUTHERN MAR	RYLAND HOSPITAL	HOUSEWIFE		
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	4210 Melwood I	Road	

4 FATHER'S NAME

LAST Walter Smith

15 MOTHER'S MAIDEN NAME

Evelyn Warner

LAST

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST

166 SOCIAL SECURITY NO

Barbara Pearson (Daughter) Laurel Md. Laurel, Md.

18 CAUSE OF DEATH (Enter only one couse per line far to), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) massive intracerebral hemorrhage.	days.
Objection of the conditions, if only, which gave rise to immediate (b) hypertensive cardiovascular disease.	years
cause (a), stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (c) diabetes mellitus.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT DELIVER VIOLENCE OF CONTRIBUTION TO DELIVER VIOLENCE OF C	years

PART 2. O

CERTIFICATION

MEDICAL

190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19

21d INJURY OCCURRED NOT WHILE

Burial

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)

21f LOCATION STREET

CITY OR TOWN

COUNTY STATE

270.1 certify that (I) (this haspital) attended the deceased saw the deceased give on May 26 I saw the deceased alive on above, (1) (we) (did) (did nat) view the body after death

and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated DEGREE

ATTENDING MEDICAL 22c. DATE SIGNED

224 PHYSICIAN'S NAME CHIECONNING PETER W.YIM M.D.

6-2-82

PHYSICIAN TOPIRECTOR PHYSICIAN 22e ADDRESS CLINTON, MARYLAND 20735

OLD BRANCH AVE. SUITE

236. BURIAL, CREMATION, REMOVAL 23b. DATE

23(. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

May

Ash Memorial Cemetery

Sandy Spring, Montg. Md.

DHMH - 16 50M 1/81

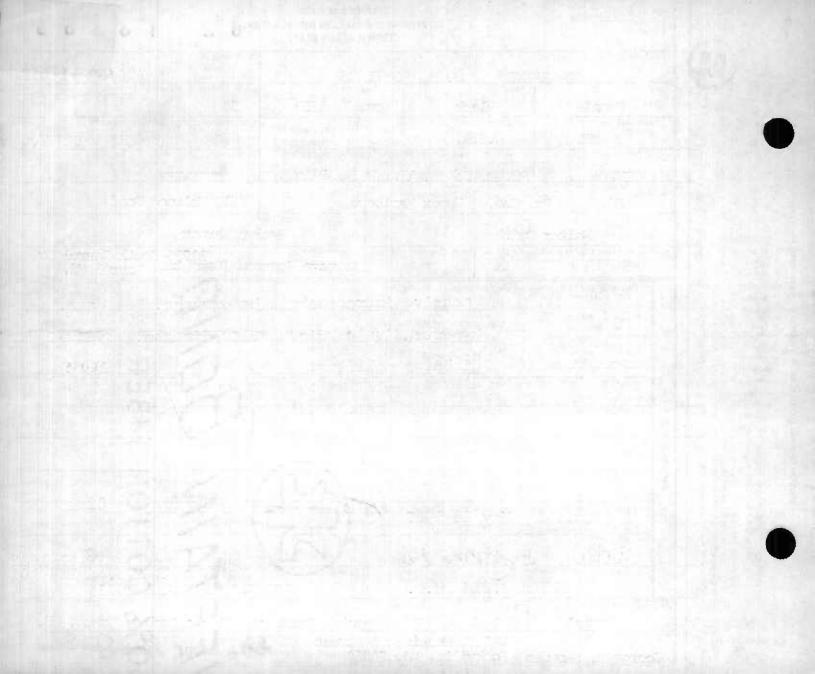
MPORTANT

(VRA 15, 4) George R. Snowden

24 FUNERAL DIRECTOR

(SPECIFY)

246 N. Washington Street Rockville, Md. 20850



5	6:	1-	FOR STATE			T OF HEALTH AND	MENTAL HYGIE	NEQ 9		3 5	6 6
5		1.00	REGISTRAR	Sel Charles		ERTIFICATE OF I		REG. N			-
100	na		CEASED NAME FIRST	MIDDLE		LAST		O. DATE OF DEATH		DAY YEAR	26. HOUR
0	1 11 18	3. SEX	ELSIE	M ARIE	5 (9	1240KD		May	25,	148.7	6:15PM
pRegens	L'Alia	3. SE		RX.	X S	MONTH DAY	YEAR	07	THDAY)	MONTHS DAYS	HOURS MIN.
Pog	To g ai	7a BI	emale emale	White XX		terr d	1900	BALTIMORE CITY O	YRS.	OFDEATH	
eoth.	n 72 h	D	istrict (N.	USA	٨	AARRIED NEVER	MARRIED	1 1	1. Co.	O. DEAM	MD
p jer d	with with	10 CI	TY OR TOWN OF DEATH			OME OR OTHER INS		20. USUAL OCCUPAT			OF BUSINESS OR
201	OC FEE	P	-Delphi	1900 R	vatar	~ St		Destina	1	DUSEWI	
COTOM CAPPORTS  Cotom Co	mess b	13a. S	TATE	NOTHER INSTITUTION GIVE R	CITY OR TOWN	13d INSIDE C		3e STREET ADDRESS		. 1 .	ReO
TIA S	2 sho	14. FA	THER'S NAME		rama,		S MAIDEN NAME		Mca.	2400	ICCI
AM AS	ond ond	a	SILLIAM !	H. St	rober	+ 10	ate	WIDDLE		Perl	CINS
ORE,	dice		AS DECEASED EVER IN U.S. A	RMED FORCES? 16b :	SOCIAL SECURITY	NO. 17 INFORMA	ANT	ADDR 1900	Rua	tem R	d
E Oa	rs. Po		NO	8	3-48-68	05 Beth	Corper	ter A	Délph		<u></u>
BAI	hysica popel ovol.		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	inly one couse per line f			C'.	1		BETWEEN	ONSET AND DEATH
TE C O	bong p		IMMEDIA	TE CAUSE (a)	UR RE	sphaten	y tell	Tore		-	
STON THE	tendi		Conditions, if ony, which	DUE TO, OR AS	A CONSEQUENC	Olas ba	which	20 May	1	isecu	0
EC()	emovemention tro		gave rise to immediate couse (a), stating the	b) Char	A CONSEQUENC	COSTIC	SCHIPE	to mark	odo	CROCK	
3	by tose rother		underlying cause last.	(c)	A CONSEQUENC	COF					
S, 20	en ple burne burne	7	PARL 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEA	TH BUT NOT RELATED	TO THE TERMIN	AL DISEASE OR CON	DITION GIV	EN IN PART 1	(0
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DECEASED NAME

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10 CITY OR TOWN OF DEATH

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Maryland 4 FATHER'S NAME

TYPE OR PRINTS

3. SEX

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should be detached with the State Dept.

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IMPORT,

CERTIFICAT

MEDICAL

FOR - STATE REGISTRAR	DEP	STATE OF MAP PARTMENT OF HEALTH A CERTIFICATE O	ND MENTAL HYG	FIENE 8 2 FEG. NO.	3 5	6 7
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EX	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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STATE AS A MO	AE OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSIONS		13e STREET ADDRESS 112 Dryden	Street	
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190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

May 22a. | certify that (1) (this haspital) attended the deceased fram 29 saw the deceased alive an. 8.2. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated Mav

22b. SIGNATURE DEGREE ATTENDING ,

t.	PHYSICIAN'S NAME	(TYPE OR PRINT)		
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NOT WHILE AT WORK

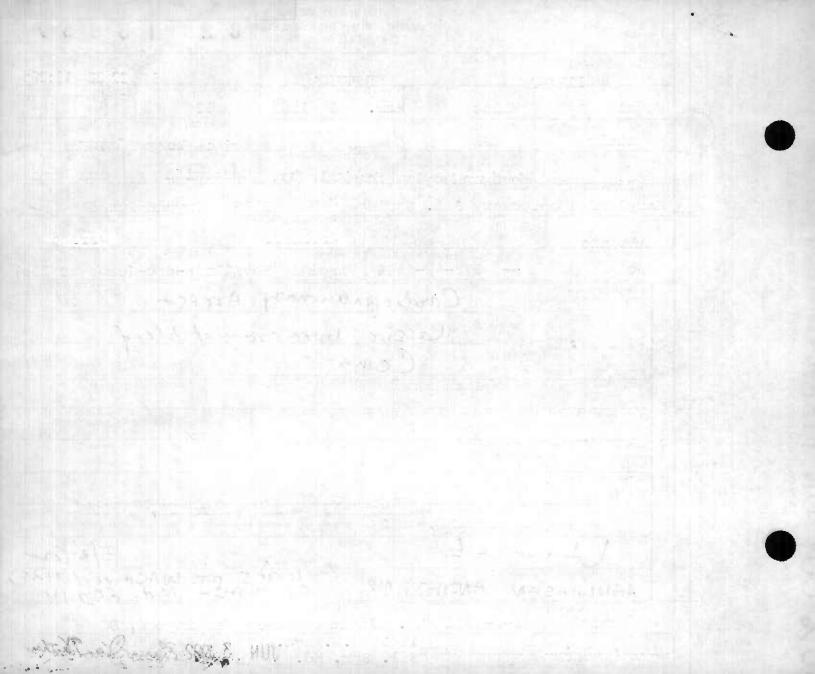
> DIRECTOR PHYSICIAN 22e ADDRESS

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230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 6-2-1982 Olivet Cemetery Washington, DC

Hines/Rinaldi Funeral Homesil Spr Sil. Spr.

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OF PRINT) Charles F. GOOCH May 30 1982 3:59 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male White June 1902 To BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED A NEVER MARRIED Prince George's County Tennessee WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Medical Examiner Notified: Copy To Be Juvision of VITAI RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201 Lanhan Doctors Hospital of P.G. County Baseball Player Sports USUAL RESIDENCE (IF NURS OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Cheverly 6509 Landover Road Maryland Co YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Weakley Allen Ruth B. Gooch 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 78-16-1694 Mary E. Gooch (Wife Same as # No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse pertension char PART 2 OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INCAST TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from April 30,1982 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did )(did not) view the body after death 22h SIGNATI DEGREE 22c. DATE SIGNED ATTENDING /MEDICAL 5-30-82 MID PHYSICIAN DIRECTOR PHYSICIAN MPORTA should b 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE (SPECIFY) June/2/82 Fort Lincoln Cemetery Brentwood, P.G. Co., Maryland Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15. 4) Chambers Funeral Home Riverdale. Maryland

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ARY, PLEASE DIRECTOR. OUR FILES.		ale	black	5. DATE OF BIRTH	YEAR 41	6. AGE I IN YEAR LAST BIRTHDAY 11 YRS	MONTHS		HOURS	MIN: PRONOUN DEAD	5	15 1982 3:03
Sea	a,	RTHPLACE (SPEEDING COUNTRY)  A DAMA  ITY OR TOWN		76. CITIZEN OF W			WIDOWE		DIVORCE		- Company	COUNTY OF BUSINESS
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ST., BALTIMORE, MD. 21201 USA SAFIRE DEATH. IF AND DELVE BOIVE PAGES 1, 2, AND 3103 S WITH FORM PM 3. REFAIN PM TO PAGES 1 AND 2 SHOULD BE E, DIVISION OF WITAL RECORDS E, DIVISION OF WITAL RECORDS		Md.	Pr.	NTY	Pt.	VORTOWN Wash	1:	3d. INSIDE CITY YES		8 300 Riv	rer View	La.
DEATH. GEST, MAND 2 OFVITA		Samue	1	MIDDLE		ray, Sr.			rtle	NAME	DDLE	Edwards
L., BALTIMA URS AFTER IB. GIVE PA WITH FOR II. PAGES I	160.	VAS DECEASE ES, NO, OR UNKNI	ED EVER IN U.S. AL	RMED FORCES?		-48-679		7. INFORMA LaJea		y same as	ADDRESS  1tem 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 11101 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1B. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Candition gave recause (a lying ca	ans if any, which ise to immediat i) stating the <u>under</u> use last.	ATE CAUSE (a)  DUE TO, OI  b  (b)  DUE TO, OI  (c)	AS A CON	NSEQUENCE O				(		
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14n > BP	L	Buria		23b. DATE 5/22/82		edar Oa		meter	y	23d LOCATION CITY OR TOWN	A THE R. P. LEWIS CO., LANSING, MICH.	COUNTY STATE
DHMH-17 (VR A15 ME (5)) 15M 2/80		P. Kal		cal Home	160 (	Oxen Hi	ll Rd		MAY	2 0 1982	25b. REGISTRAL	ES.SIGNATURE

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G.F. Relas Furerel Home 6160 Oxon Hill Ed.

(VRA 15, 4)

Hyattsville, Maryland

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH. REGISTRAR I. DECEASED NAME KNOWNXXX 2a. DATE (TYPE OR PRINT) OF Douglas Stewart THE FUNERAL DIRECTOR PAGE 5 FOR YOUR FILES FILED, WITHIN 72 HOURS 201 W. PRESTON STREET Green DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED male white Aug. 29, 1981 3:17 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Prince George County WIDOWED DIVORCED TO THE FU PAGE 5 BE FILED. IS CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Eugene Leland Memorial Hospital FOR MOST OF WORKING LIFE) Riverdale None RETAIN PA RD "PENDING" IN PENCIL IN 1784 HOURS AFTER DEATH. IF ANY DEL CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN P USED AS A BURIAL-TRANSIT PERMIT. PAGES LAND 2 SHOULD BE OF HEALTH AND MENTAL HYGENE, DIVISION OF VITAL RECORDS, IRIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE (IF IN NURS CHOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d. INSIDE CITY LIMITS? 2005 Oliver Street Maryland Prince Geo. Hyattsville YES X NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Madge Joseph Green Zelaya 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS None Joseph S. Green Same as #13 (Father) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AGE 4 SHOULD BE AGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, FTC 1 CITY OR TOWN WHILE WHILE NOT WHILE COUNTY STATE 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection Homicide Undetermined manner TITLE (SPECIFY) Pouty Chiefiedical EXAMINER 5/12/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith M.D. ADDRESS 111 Penn STreet Balto MD 21201 (TYPE OR PRINT) 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 5/14/82 Cedar Hill Cemetery Brentwood Maryland 736 REGISTR Francis Gasch's Sons Funeral Home, P.A. iduces **DHMH-17** Hyattsville, Maryland (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

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Maryland Prince Seo. Lystsville v 2005 Oliver Street

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME FIRST 20 DATE OF DEATH MONTH 76 HOUR TYPE OR PRINTS HELEN GRIMES 05-23-82 7:00PM 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH Female Black 25,1909 Feb. TO BIRTHPLACE ISLATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. D.C. PRINCE GEORGE'S WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 20 USUAL OCCUPATION 12b. KIND INDUSTRY Home 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! PRINCE GEORGE'S GENERAL HOSPITAL Housewife CHEVERLY JOSUAL RESIDENCE (IF NURSING HOMF OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY Deanwood Pk. 13e STREET ADDRESS P.G. Eastern Ave. Md. 1105 NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Wesley Nickens Norwood Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. J7 INFORMANT 3326 Croffut Pl Robert E. Grimes, Jf. -S. E., Wash, D. C. LINKNOWA No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARREST CARDIAC IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF MARADA gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSECUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS. NO O SARCOIDOSIS CERTIFICAT 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHISH OPERATION WAS PERFORMED 20g AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO [ NON 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH YAK YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED ö 211. LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK AT WORK 27a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (Ir (me) (did) (did not) view the body ofter death DEGREE ld be deta the State [ ATTENDING MPORTANT DIRECTOR PHYSICIAN 22e. ADDRESS Shau 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Lincoln Mem. Suitland. Cum. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) 1. S. IN/ASHINCTON + SONS 4925 BURROUGHS AVE. N.E.

25,490 CEVERLY PRINCE CHARGE FERRILL HORFITAL HOUSEWIfe PERSON James Werley Mickons Mary - bookerox Consumption Robert E. Orlmes, Jr. - S. S. Steb. L. C. 324138 Th 63.5 Lines Cooper Chileral Page Buited 5/28/82 Itasoln Har. Dem. Buitchend, Md.

TO -	1	FOR - STATE REGISTRAR		DEPAR	TMENT OF F	EALTH AND MENTAL HYG	REG. NO.	3 5	7 3	
(M)		F 00 00	RST OPHER	MIDDLE T.		MLEY	20. DATE OF DEATH MONT	H DAY YEAR -15-82	26. HOUR 9:50PM	
ge 4 may ector, p	3. SI	Male	4 RACE	White	5. DATE O	ber 4, 1907	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN	
death. Poureral dir	N	SIRTHPLACE ISTATE OR FOREICE COUNTRY) IEW JETSEY	U.	S.A.	MARRIE		9. BALTIMORE CITY OR CO PRINCE GEO!		TY "	
os rs after of by the fu	1.	HEVERLY				ERAL HOSP.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  Electrician	KING LIFE) INDUSTRY	126. KIND OF BUSINESS O INDUSTRY Plant	
filled in rould be f	13a		HOME OR OTHER INSTITUTI COUNTY COMMOUTH	13c. CITY OR TO Holmdel	ORE ADMISSION) WN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS  3 Beverly D	rive		
MARYLA ed within ompletely ond 2 sh exomine	2	ATHER'S NAME FIRST	MIDDLE	Grinle	y	15. MOTHER'S MAIDEN NA FIRST Elizabeth	WE	Haye		
iMORE, be execut on and co s. Poges 1	4	WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES)			17. INFORMANT  Carolyn Brin		Address Sa No# 13e.	me as	
T., BALI hificote physicic npapers movol.		18 CAUSE OF DEATH (E PART I. DEATH WAS	inter only one couse ( CAUSED BY: MEDIATE CAUSE (a)	Ces/La' TC	/	prevene	con'		MATE INTERVAL	
W. PRESTON S of the death cer of the offending se remove corbo cremotion, or re		Conditions, if any, who gove rise to immedicause (o), stating	DUE TO,	ORAS A CONSEO Jusuli ORAS A CONSEO	n pea	retor : hay	en flegen	6 L	4 400	
DIVISION OF VITAL RECOXDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician.  Iter this certificate has been signed by the ottending physician and completely filled in bos the buriol-thosis permit. Then please remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, ar removal.	CERTIFICATION	PART 2. OTHER SIGNIFIC HE fees / LOY 190. DATE OF OPERATION	1 kaufre	ofen fo	Ball		VINAL DISEASE OR CONDITION  200. AUTOPSY?  YES NO 100	IN GIVEN IN PART 1(c	IGS USED	
PHYSICIAN: TI PHYSICIAN: TI ending physicic this certificansi de buriol-fronsi d an them 18 shu	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	e of injury a.m. month i p.m. 12	DAY YEAR	Der 1981	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)		
DIVISIO Otfendi frer this os the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME,	CE OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
OR ATTENDIA PECTORS: A Defectors: A Dept. of Heel		22a. I certify that (I) (this sow the deceased of abave, (I) (we) (and)	live on Lack	132 19	FZ1,01	DEGREE	deoth occurred on the dote or	22c. DATE		
TO HOSPITAL efoined by the TO FUNERAL with the Stote MADORTANT:		22d. PHYSICIAN'S NAME. TILL BERO	STYPE OR PRINT)			22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		20770	
BP		BURIAL, CREMATION, REM (SPECIFY)  Burial				eph Cemetery	23d. LOCATION CITY OR TOWN Keyport	Monmouth	N.J.	
DHMH - 16 60M 7/73 (VR A 15 (4))	F.	UNERAL DIRECTOR  NAME  Gasch's Sor	s F.H. P.	A. Hyatts	ville,	Md.	1 9 1982 KAR	EGIST (AR) S STORY OF	ME dan	

STATE OF MARYLAND

Thich seconds, 1997 0 1 7054cl. 20/ Postrician Black S Pavelly Prive foliate deposed source to Atederica voluini PERMIT eriat, Address Same as direction of the formation of the format Burda : Noy 10, 1982 Et. Juanch Curakery: Haynart Morsouth W.J.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-THOMAS DEATH MATED 4 RACE 1. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED WHITE 10 19 82 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARY LAND MARRIED NEVER MARRIED USA PRINCE GEORGES WIDOWED 2, AND 3 TO THE F. 3. RETAIN PAGE 5 SHOULD BE FILED, 10 CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS NONE NONE CHEVERLY GEORGES GENERAL HOSPITAL LIMITS? 130 STREET ADDRESS POST RD. 13d. INSIDE CITY LIMITS? #21208 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME HELEN HALIO LEVIN MORRIS 17. INFORMANT MITCHELL MYERSESS ATTY. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 215-46-1854 SUITE 205 - 8720 GEORGIA AVE. SILVER SPG. 20910 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MULTIPLE TRAUMA WITH COMPLICATIONS IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 7D AUTOPSY? 6-5-81 TIBIALZ ARM FRACTURES. RIGHT NO X 210 EXTERNAL CAUSE WAS TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6-5 PEDDESTRIAN HIT BY CAR 71e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PACE & SHOULD BE FORWARDED TO FUNITAL DIRECTOR: PAGE 3 ATER DATH, WITH THE STATE DE BAHTMORE, MARYLAND, 21201 PARTIFICATION PRESENTAND. STREET, FACTORY, FARM, ETC.) AT WORK AT WORK STRFFT COLLEGE 220. I certify that I taak charge of the remains described above, held an Natural causes Suicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 5-10-82 DEPUTY MEDICAL EXAMINER M.D. ADDRESSOO9 RAYBURN CT. CAMP SPRINGS, MD 2074 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL MAY 14,1982 TIFERETH ISRAEL BALTO. ROSEDALE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** 60TO REISTERSTOWN RD. ABALTO., MD 21215 (VR A15 ME (5) )

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I is morked or Item 21 is morked or Item 18 shows any injury, or other troumotic event, the medical execution

STATE OF MARYLAND

FOR STATE
STATE
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 3 5 7

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	0 2	REG. NO.	0 0	, 0
		OR PRINT)	FIRST		MIDDLE	į.	AS1	2a. DATE OF D	DEATH MONTH	DAY YEAR	25 HOUR
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2		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMOR	ECITY OR COUNTY	OF DEATH	
5		Md		4.5.	P.	WIDOWE		Prince	e George's	Count	У, мр.
10	10. CI	TY OR TOWN OF	DEATH				OR OTHER INSTITUTION	12a USUAL O	CCUPATION	126 KIND	OF BUSINESS OR
3		Lanham					P.G.County		OR MOST OF WORKING LIF	U.5	Govt
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U	J	ohn T /	Immil	ton			Louise Hen	50H			
		VAS DECEASED EV		MED FORCES?	166. SOCIAL SEC		17 INFORMANT	1	ADDRESS		
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		18 CAUSE OF DE	ATH (Enter o	nly one couse per	line (0) (0), (b),	and (c).)	- 0	1		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH	WAS CAUSE	ED BY: TE CAUSE (a)	Kesk	pirana	ay are	21	100 100		
Н	100	4218			R AS A CONSEO	UENCE OF	1/2/	1			
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н		underlying coi		(5)	AS A CONSIGN	ms	entension	2			
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7	TIFIC							YES 🗍	_	YING CAUSE	S OF DEATH?
3	CER	21a. ACCIDENT WAS	UNDERLYING	21b. TIME O			21c. HOW INJURY OCCUP				
1		OR CONTRIBUTING	_	AIN .	M. MONTH	DAY YEAR					
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١.	ME	WHILE NOT	WHILE WORK	(AT HOME STE	PEET, FACTORY OFFICE	E FARM, ETC }	STREET		CITY OR TOWN	CONNY	STATE
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		sow the dece	osed alive or	-5/	19	& Zor	nd that in (my) (aur) apinian	death occurred	on the date and ou	r and from the	
		22b. SIGNATURE	(did) (did no	t) view the body	offer deoth.	-	DEGREE		1 35.50	_	ESIGNED
		1/4	2	pm	1	M		MEDICAL DIRECTOR	STAFF		/11/82
		22 d. PHYSICIAN'S	NAME ITYPE	OR PRINT)		1.1	22e ADDRESS	DIRECTOR	J PHYSICIAN [		
				WA, M.D				barrara D	-1 (71		00707
-	220.6	URIAL, CREMATIO				NAME OF C	9131 Piscat	23d LOCAT		on, Md	. 20735
	130	SPECIFY)	NY, KEMOVAL	5-15-	-82	. /	many	, CITY OF	TOWN D	COUNTY	STATE DA (1

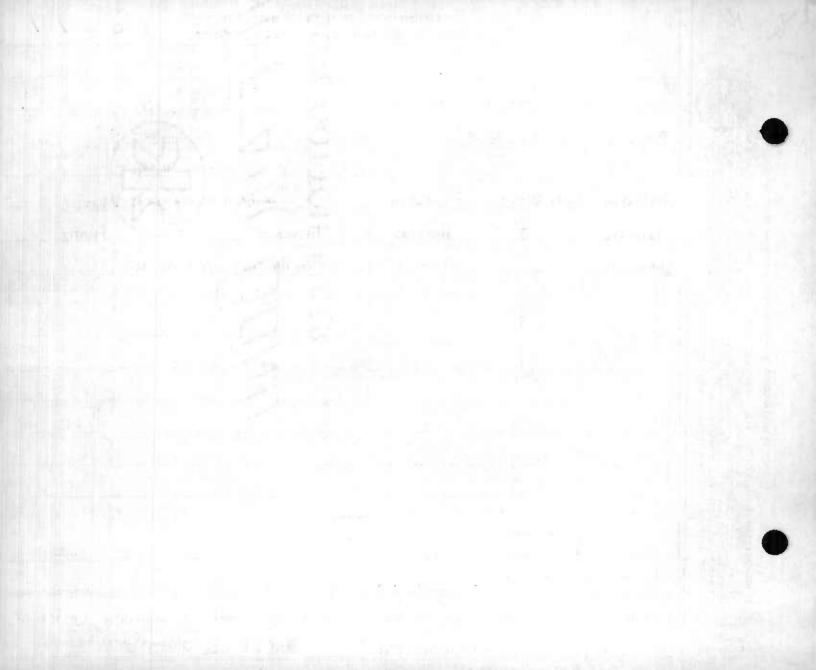
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DHMH - 16 50M 1/81 (VRA 15, 4) 14 FUNERAL DIRECTOR
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Q T	= STA	IE ISTRAR			MEDICA	L EXAMI	NER'S	CERTIFI	CATE OF DE	ATH-	REG. NO	3	3	/	/
	1. DECEAS	SED NAME	FIRST		MIDDI	E		LAST		2a. DATE	киомиХХ	MONTH	DAY	YEAR	26 HOUR
28.828.E	-195		Franc		J		H	anson	JR.		MATED	5	- 1	1982	M
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を かっかり	MA:	SS.	DEATH		SA	NURSING HOA	WIDOV		DIVORCED L	Prin	CE GEO	rge'		ounty	MD
A PAGE 10 THE F	(	Clinto	n /	South	ern Ma	ove street address	Hosp		FC	R MOST OF WOR	KING LIFE)		OR	INDUSTR	I.A.
WORE, MD. 21201 R DEATH, IF ANY DELA AGES 1, 2, AND 3 TO 1 RRM PM 3, RETAIN PA S LANDE SHOULD BE F N OF THAL RECORDS 2	CALL T	ORNIA	OUNT COUNT	Y.	130,0	ENCE BEFORF ADMIS		13d. INSIDE C	NO X (46		ss In knol	Is De	RIVE		
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BALTIMORE, M IS AFIER DEATH GIVE PAGES 1, TITH FORM PM PAGES LAND WISSON OF THE	FRE	ANCIS		J.		ANSON	SR.	FIC	DRENCE		out	2	PRAT		
TIME FER FOR FOR FOR FOR FOR FOR FOR FOR FOR FO	(YES, NO	DECEASED E	VER IN U.S. ARM	VAR OR DATES)		SOCIAL SECUR		17. INFOR			ADDRESS				
S AF GIV GIV IVISI		nomn			101	1 -10	29	MARI	a Hanson	SAME	AS I	3 <sup>E</sup>			
TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM AFTER DEATH. WITH THE STATE DEPARTANTO FHEALS AS BURIAL-TRANSIT PERMIT. PAGES LAN BRATTER DEATH, WITH THE STATE DEPARTANTO FHEALIN AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, gove rise	if any, which to immediate ating the <u>under-</u>	BY: E CAUSE (a) DUE TO	Arter D, OR AS A C		OF	Cardic	ovascular	Disea	se		BETW	PROXIMATE FFN ONSET	AND DEATH
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AEDICAL EXAMNER: EUTE THE CERTIFICATE E A SHOULD BE FORE EUNERAL DIRECTOR: IR DEATH, WITH THE SIMORE, MARYLAND,	AC SIG	TUAL NATURE	Virgin	ua Z	. Accid		-	TITLE (S	istant ME	Inquiry etermined mo	inner ,	DATE SIGNE	5	<del>-2-8</del> ;	2
TO TO A PAGE BAU	23a.BURIA	L, CREMATIC	ON, REMOVAL 23			3c. NAME OF C		ADDRESS_		LOCATION					
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DHMH-17 (VR A15 ME (5)) 15M 2/80	GRAN		90B ANNE		ld. Kar	sham me	d		MAY 10	1982	frame	for	1/14/3	appearent.	



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IMPORTANT: If Item 21 is

CTATE OF MADVIAND

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FOR STAT REGI	E ISTRAR			DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		3 5	7 8	
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	4 4 1	Ruth	F	ellie	Har	bin	Ma	y 28.	1982	1105	3
SEX		4	RACE		5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
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. BIRTHPLA	ACE (STATE OF	R FOREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
Virgi			U.S.	A	WIDOW		Prince G	eorges		٨	AD.
CITYOR	TOWN OF DE	ATH I		OSPITAL, NUE		OR OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND C	OF BUSINESS O	-
Gree	enbelt		A			rsing Center	Housewife	DE WORKING LIFE	Own	Home	
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	ECEASED EVE			16b SOCIALS	ECURITY NO.	17 INFORMANT	ADDF	ESS			_
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Burial,	CREMATION	, REMOVAL	6/1/82	2	Tt. Lin	EMETERY OR CREMATORY Coln Cemetery	Brentwoo	d P.C	COUNTMar	vland"	
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DHMH - 16 50M 1/81 (VRA 15, 4)

FranciskGasch's Sons Funeral Home, P.A. Hyattsville, Maryland

Brentwood P.G.SOUNT Maryland

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FOR STATE REGISTR
1. DECEASED N

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DEC N	10				

1. DECEASED NAME	FIRST	WIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
(TYPE OR PRINT) Mar	garet Ar	n HARPE	CR CR	May 8, 1982	1:20p
3. SEX	4. RACE	LV1. 2 A	DATE OF BIRTH MONTH DAY 1944	6 AGE (IN YEARS LAST BIRTHD	DAY] IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIT YES.
70. BIRTHPLACE (SMATE OFF COUNTRY)  Virginia	U.S	.A.  w	MARRIED NEVER MARRIED	Prince Geor	county of DEATH ge's County
Lanham	Doctors	Hospital	of P.G. County	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
USUAL RESIDENCE (IF NURS 130 STATE Maryland	ING HOME OR OTHER INSTITUTION  13b COUNTY  P.G.	N GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN New Carrol	134 INSIDE CITY LIMITS	8105 Rycros	ft Ave.
William	MIDDLE	Harper	15 MOTHER'S MAIDEN	MIDDLE E	Dement
160 WAS DECEASED EVER (YES NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-76-786		Harper	Address Same as No# 13e.
	g the DUE TO, (c)	OR AS A CONSEQUENCE	th BUT NOT RELATED TO THE T	7	10 YEAR
NO DATE OF OPERAT	ION 196 CON	DITION FOR WHICH OPE	ERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF DEATH ALEXAMINER)  RED RED RE	OF INJURY A.M. MONTH DAY P.M. E OF INJURY IREET, FACTORY, OFFICE FARM. The deceased from	YEAR 19 21f. LOCATION STREET	CURRED (ENTER NATURE OF INJURY II	CHANTY STATE  19 , that git (we)
sow the deceose obove, If works 22b SIGNATURE 72d. PHYSICIAN'S NA	high (did not) view the bod	y giter death.	DEGREE ATTENDIN PHYSICIAL 22e ADDRESS	GMEDICAL _ STAFF	ond hour and from the couses stated  226. DAT SIGNED.
100000	TO A DEPE	TEIS	14300 YA	LLANT TOX LAI	ne #122- Bowie. M

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

74 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Md.

250. DATE REC'D. BY REGISTRAR DE ALGETRAR'S SIGN MURE

Nov. 28, 19-13 Virginia U.S.A. 1. .ov Porove Core You Carrollton x hasiyaa/ MARTIN admid. For Fe T אוליציפים ליווים חר 218-76-7865 William . Papper .071 01 experiences in his later. . No. source of the Rowie, Mi. Surfal May 12,1982 Coder Hill Co Story Smithed . J. C. Saryland P. Camelle Sons P.W. T. I. Synttsville, NA. Direction TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune at should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4) FOR - STATE

STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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BR	OOKLYN NY		USA		WIDOW		NARRIED DIVORCED	PRINCE	GEOR	GE'S	COU	NTY	
AN	DREWS AFB	1.0	(IF NOT IN SUCH	FACILITY, GIVE	URSING HOME STREET ADDRESS) USAF ME			120 USUAL OCE	R MOST OF WO			IND OF	BUSINESS
AT	AL RESIDENCE (# NU STATE RGINIA	STAFF		13t. CITY OR	BEFORE ADMISSION TOWN FORD	13d INSIDE	CITY LIMITS?	13 STREET ADD	PRESS FER L	ANE			
14 FA	ATHER'S NAME	MID	DIE	LAS	ī	15 MOTHER	R'S MAIDEN NA		IDDLE			LAST	
	Michael			Barba	ra		ANNA				L	EON	E
	WAS DECEASED EVER	IN U.S. ARME	12371 A D D O A TEST	166 SOCIAL 088-12	SECURITY NO. -1638	BARBA	ARA Cave	anaugh	ADDRESS 1.	3010 erma	Ope	n H n M	earth d
	18 CAUSE OF DEATH	H Enter only	ane cause per l	line far (a), (l	bi, and (CAD)	TODITA	MONADY A	DDEGT			BET	PPROXIM WEEN O	ATE INTERVAL
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3. 5	SEX	4. RACE	5. DATE OF BIRT	Y YEAR	6. AGE (IN YE LAST BIRTHD	. 1/1		FUNDER 24 HRS	2c. DATE	4CED	MONTH	DAY	YEAR	10:30
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	lying c	ause last.	(c)											
١.		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ITH BUT NOT RELA	TEO TO THE TERM	IINAL OISEASE	OR CONDITION G	GIVEN IN PART 1 (a).						
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		NG OR TING CAUSE OF		5-1	6- 1982	3		beaten.						
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STATE OF MARYLAND

ATTENDED TO THE TOTAL PROPERTY. mader France Let Los Symids and Company to the State of the State lead to the state of the state

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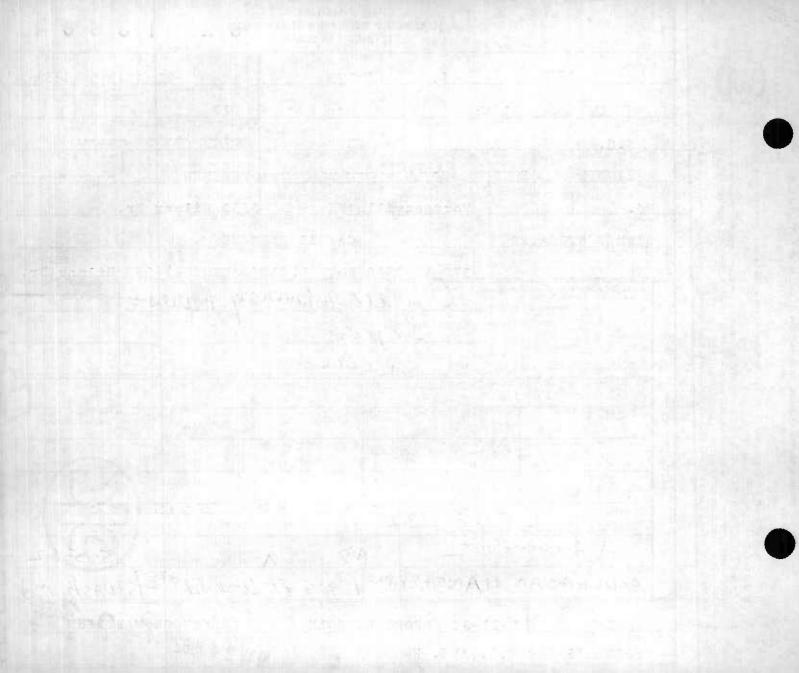
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

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		REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. NO				
i		CEASED NAME FIRST		MIDDLE	L	AST			MONTH	DAY YEAR	26 HOUR	
		AGGIE		L.	HA	RSHAW			05 1	15 82	1:381	D M
	3 SEX	X	4 RACE		5. DATE C		YEAR	AGE IN YEARS LAST BIRT	HDAYI	IF UNDER 1 YEAR	IF UNDER 24	HR5 MIN.
		FEMALE	BLACE	ζ	0.3	10	05	77	YRS.			
A	7a. BI	RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MA	ARRIED -	BALTIMORE CITY OF	COUNT	Y OF DEATH	110.557	- 17
0		N.C.	USA		WIDOWE	XX DIV	ORCED	PRINCE GEO	ORGES	COUNTY		MD.
1	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NU	URSING HOME C	OR OTHER INSTI		120 USUAL OCCUPATION		126 KIND O	FBUSINESS	OR
D		CLINTON	SOUTHE	RN MARY	LAND HO	SPITAL (	CENTER	RETIRED				
0		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		13t. CITY OR	TOWN	134 INSIDE CIT	Y LIMITS? 1	3e. STREET ADDRESS				
2	_	Md. PO		Forre	stvill			5553 Hilm	ar D	r.		
^	14. FA	ATHER'S NAME FIRST	WIDDLE	LAS1	ī		MAIDEN NAMI	E MIDDLE		LAS		
U		SIDNEY STREAT				CARRI						
		VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (1F YES, GIV	MED FORCES? E WAR OR DATES)	16b SOCIAL	SECURITY NO.	17 INFORMAN	IT	ADDRE	SS			
		NO		578-4	2-2542	RUTH	LUCAS	(DAUGHTER	)655		ar Di	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per	line for a lib	and Do	noul	Dunn	12 N - D	0.0-	BETWEEN	MATE INTERVA	ATH
			E CAUSE (o)		arace	offere	Julian	THOU	דטע			
		4360	DUE TO, O	R AS A CONS	EQUENCE OF	11-		1				
		Conditions, if ony, which gove rise to immediate	(b)		pep	82						
		couse (o), stoting the underlying couse lost	DUE TO, O	R AS A CONS	EQUENCE OF	No						
		- Color Dec	(c)_		8+11	<i></i>						
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CONE	ITION GI	IVEN IN PART 110	· ·	
7	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b IF YO	ES, WERE FINDIN	IGS LISED	-
1	IFIC							YES NOT	INCERT	TEYING CAUSES		1
1	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUR			но 🗆	-
-		OR CONTRIBUTING CAUSE OF DEA	In .		DAY YEAR							
-	MEDICAL	21d INJURY OCCURRED	21e PLACE		19	211 LOCATION	7					_
	W	WHILE NOT WHILE AT WORK	(AT HOME STI	REET FACTORY OF	FFICE, FARM, ETC )	STREET		CITY OR TOV	₹N	COUNTY	STAT	/E
		22a I certify that (I) (this hospit	ol) ottended th	e deceased fr	rom 5	-8	19.82	. to 5 -	15	1982	that (1) (we	lost
		sow the deceased alive on above, (1) (we) (did) (did no			19 <u>82</u> , or	nd that in (my) (	our) opinion de	eath occurred on the do	te and ha	our and from the	couses state	:d
		226. SIGNATURE	CALS A	- L		DEGREE	N/I			22c. DATE	SIGNED	_
		GATO.	, 11				TENDING	MEDICAL STAF		5-15	-82	_
1		226. PHYSICIAN'S NAME (TYPE O	PRINT	ANICA	GW IO	22e ADDRESS	1	11101	205	7	1	
		ABULT HOF	TH 4,	ANSA	الما الما	10905	st. 1	washird.	+1	, WAS,	h. m	d.
-	23a B	BURIAL, CREMATION, REMOVAL	236. DATE		23c NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION	7 30	-	March	
		BURIAL	5-21-	-82	FORT L	INCOLN		BRENTWO	ODON	MARVIAN	D	Con a
	8 04 C1	INTERAL DIRECTOR								August 1997		

DHMH - 16 50M 1/81 (VRA 15, 4)

FRAZIER'S 389 R.I. AVE. NW 250. DATE REC'D. BY REGISTRAL SALES ASSAULTE



completely filled in by the funeral director, I and 2 should be filed within 72 hours off ner must be notified at once

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

1	1-	FOR STATE REGISTRA
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

		REGISTRAR				CERTII	ICATE OF L	EAIN	REG.	NO.		
		CEASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
	(ITPE	OR PRINT}	athry	n B	erniece	e I	Havden		M	Ay 1	6 182	1103
	3 SEX			4 RACE		S. DATE C	F BIRTH		6. AGE (IN YEARS LAST	SIRY IDAY)	IF UNDER 1 YEAR	
	F	emale		White		Marc		1898		84 YRS.	MONTHS DAYS	HOURS MI
	7a. BII	RTHPLACE ISTATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER	MARRIED [	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	Ma	ryland		U. S.	Α.	WIDOWE	DE DI	VORCED [	Prince (	Georg	e Coun	ty .
3	10 CI	TY OR TOWN OF D	EATH		HOSPITAL, NURS		OR OTHER INST	ITUTION	12a USUAL OCCUP			OF BUSINESS
6		Clinton		Souter			tal Ce	nter	Housewi			Home
-		AL RESIDENCE (IFN	URSING HOME OR		GIVE RESIDENCE BEFO		13d. INSIDE C	ITY HANTS?	13e. STREET ADDRES	ς		CHE IN
5	Ma	ryland	Char	_	Cobb I		YES [	NO 🔯	Genera		livery	
1	14 FA	THER'S NAME		MIDDLE	LAST			S MAIDEN NAM	ME MIDDLE			AST
D			iver		6701			М. Н. С				131
eren.		VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMA		ADI	P. P.	O. Box	36
d,		NO			217-32	-1707	Levin	O. Ry	yce Me	chan	icsvil	le, Mo
		18 CAUSE OF DE	ATH (Enter on	ly one cause per	line for (a1, (b), a	and (c)					APPRO BETWEEN	XIMATE INTERVAL
		PART I. DEATH		D BY: E CAUSE (a)	Is	chemic	Cardio	myopath	ıy	4.95		
-		4148			R AS A CONSEQ					- A		
		Canditions, if a		(b)_		02.102 07	112.50					
		gove rise to i		DUE TO O	R AS A CONSEQ	UENCE OF						
П		underlying car	use last	(c)		02.102.07		189				
		PART 2. OTHER SI	GNIFICANT (	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(a)
	O	Diabet	es Me+	litus: (	General.	athero	scleros	is;Sch.	.CHF			
1	CERTIFICATION	19a DATE OF OPE			TION FOR WHIC				20s AUTOPSY?		ES, WERE FIND	
1	TIF					= 0.00			YES NO		YES [	NO [
^	CER	71a. ACCIDENT WAS		21b. TIME O	FINJURY M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF I	JURY IN ITEM 18	, PART I OR PART 2)	DE UE
1	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY ME		P.		19						
	MEDICAL	214 INJURY OCCU		21e. PLACE	OF INJURY	E & DAY STC )	211 LOCATIO	N	CITY OR	OWN	COUNTY	STATE
	2	AT WORK AT	WHILE WORK	(ATTIONE, ST	iter, racioni, orrec	L, FARM, LIC.						JIAIC
3		220.1 certify that	(I) (this hospi	tal) attended th	e deceased from	8/	8/	70	5/6/82		. 19	, that (I) (we) I
	2.0	sow the dece	redulive on	t) view the body	after death	82, ar	nd that in (my)	(our) opinion o	death accurred on the	date and he	our and fram the	causes stated
		22h SIGN ATURE	1111	1/1/	111		DEGREE					E SIGNED
	3	V- +	nuy	in up	VV		A	PHYSICIAN *	MEDICAL S'	SICIAN [	5/6/	/82
1	TA	22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRES	S				
		Victor	S. Chu	pkovich	,M.D.		9131	Piscata	way Rd; Cl	inton	,Md. 207	/35
		SURIAL, CREMATIO	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	REMATORY	23d. LOCATION CITY OR TOWN	0077	COUNTY	STATE

BP.

retained by the haspital ar attending physician

DHMH-16 50M 7/77 (VR A 15 (4))

Buria

CITY OR TOWN

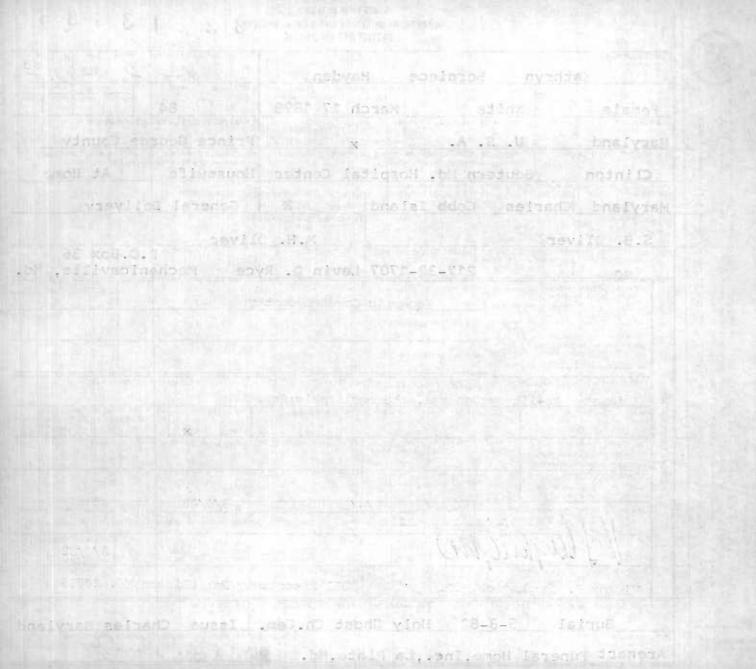
STATE

24. FUNERAL DIRECTOR
NAME
Arehart

Funeral Home, Inc., La Plata, Md.

Cem. Issue Charles Maryla

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S GIGNATURE



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1 - STATE					ARTMENT OF				FDEAD	6 2		1 3	3 4 8	3 6
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14 FATHER'S NAM							15. MOTHE	R'S MAIDE	-					
Anton			WIDDLE	Н	einz		Lou	ise		M	HDDIE	Wa	ezmann	
YES, NO, OR UNK	SED EVER IN	U.S. ARM			SOCIAL SECURIT		17 INFORA				ADDRES	SS		
No	(11	# 123, ONE W	AR OR DATEO	57	8 03 428	2	Berth	a C.	Heinz	Sa	me as	s #13	(Wife	)
PART 2 OTHER	ause last.	CONDITIONS <u>C</u>	(c)_ Intributing to d	EATH BUT NO	T RELATED TO THE TERA	NNAL DISEASE	E OR CONDITION	N GIVEN IN PA	RT 1 (a).					
190. DATE O	OF OPERATION	ION	196. CC	NOITION	FOR WHICH OPER	RATION W.	AS PERFOR	MED?					20 AUTOP	
	NAL CAUSE	R	HOUR	E OF INJU A.M. MO P.M.	JRY NTH DAY YEA		YAULNI WC	OCCURRE	D LENTER NA	TURE OF IN	JURY IN ITEM	18 PART 1 OR I		
O 214 INILIRY	Y OCCURRED NOT WE AT WOR	D	21e. PL/		JURY (ATHOME,		CATION			CITY OR TO	WN	C	COUNTY	
22a. l ce		aak charge	of the remain	Accid	d obove, held an	Autops	y		Undeter	Inquiry mined mo	onner	and in my o	5-7	-8
EXAMINER	'S NAM	elells	to P	1261	tribus	2 h	10 .	5019	Ran	Lus	nCL	Pan	a Sterne	- 2

Balcery inent Cohartesano liminassanii: antial. 578 63 4929 | Bertha C. Beinz Stee as 113 (Sita) maken M. Lincoln Century DOUGAL rateis men's one thornel tone, I.1.

Market Street Committee Street

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH'S REGISTRAR . DECEASED NAME 20 DATE KNOWN MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
I W. PRESTON, STREET, 19 82 DEATH MATED 29 5 . MARVIN HENRY YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS . HOUR 3. SEX DATE LAST BIRTHDAY) PRONOUNCED 19 82 Jan. 24,1931 DEAD Male 51 YRS Negro To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) U.S.A. Prince Geome's D.C. WIDOWED DIVORCED 201 W. FILED, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION SHOULD BE FILED Superintendent, Park 9015 Crandall Road Lanham RECORDS, USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 9015 Cr 138. INSIDE CITY LIMITS? 136. COUNTY 13c. CITY OR TOWN Crandall Rd. Lanham Md VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE MIDDLE PAGES 1 AND FIRST Lucille Banks William Henry DIVISION OF 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS Lucille Henry-Same as # 13 above 579-38-3847 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) PERMIT. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: HEALTH AND MENTAL HYGIENE, Carcinoma of the throat OR REMOVAL IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Conditions, il any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in USED AS A CERTIFICATION ARDED TO THE COSED A
AGE 3 SHOULD BE USED A
ATE DEPARTMENT OF HEA
COSED A
COSE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Undetermined monner death resulted from: Natural couses Accident TITLE (SPECIFY) DATE 5/29/1982 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez ADDRESSOO9 Rayburn Ct., Temple Hills. Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE Baltimore, Arbutus Mem. Park 6-2-82 Burial Md. 250. DATE RATTA BYREGISTRAP 256 24 FUNERAL DIRECTOR **DHMH-17** S. WASHINGRH + SONS YERS BURLOUGH ALCHE (VR A15 ME (5) 15M 2/80

1 15 21 151 1200 mm = 151 1251 1 Prince Record's dille demonstrated at tel T.S. Landou x 9015 Crandell Rd. Henry Lancille Lancille marility Kyo. 36-38L9 lacille lace - same as F.13 above manus groups for a conformation buries 6-2-82 Arbutus Wes. Fark Seltimore, Md. A STREET WASHINGTON AND STREET WAS AND WASHINGTON OF

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTITI	CAILOII	LAIII		REG. NO.				
		CEASED NAME OR PRINT)	ANK		B.	HERTY	AST 4	SR.	20 DATE OF D		_	DAY YEAR	2b	HOUR 735AM
	3. SEX	Male	4. RA	White	е	Sep	t.17,1	897	6 AGE (IN YEAR	RS LAST BIRTH	DAY)	MONTHS DAY		UNDER 24 HRS
9		RTHPLACE (STATE OR FO		USA	'HAT COUNTR	WIDOWE		VORCED	9 BALTIMORE PRIN					MD.
6	CI	LINTON	- A S	SOUTH		SING HOME O			TEAC	HER	WORKING LI			DSINESS OR
8	F1	orida	NG HOME OR OTHER	11	St. Pe			NO 🗌	13e STREET AD 2426		Nor	rth 3	371	3
8		Charles					S	s MAIDEN NAM		MIDDLE		nalļen		
3		Yes unknown	U.S. ARMED			3-7153		rank	B. Her	ty J	enna [r.Cl	in Ave	i, M	ld
	FICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  Sewal  19a DATE OF OPERAT	which ediate the last last last last last last last last	DUE TO, OR  (b)  DUE TO, OR  (c)  PITIONS COM	ntia	DUENCE OF			20g AUTOPS	SY?	20b. IF YE	VEN IN PART S, WERE FINIS	DINGS	USED DEATH?
	MEDICAL CERTIFIC	21d. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFE MEDIC 21d. INJURY OCCURR WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE 22d. I CERTIFY that (II) Saw the decease obove. I I (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NOT H. JA	AUSE OF DEATH AL EXAMINER)  ED  This hospital) of delive and deliv	P.M. PLACE O JAT HOME STREE  patiended the with body of	FINJURY FACTORY, OFFIC	19 TE FARM, ETC.)	21f LOCATIK STREET	(aur) apinian d	eath accurred a	STAFF PHYSICIA	N e and hou	19.82 or and fram the 22c. DA	tha (tha (the caus	
	24 FU	URIAL CREMATION, R SPECIEY)  TEMATION UNERAL DIRECTOR  33 AME OLD A	e Fune	May 2 eral f ler Fe	0,82	LEE'S	CREMA	TORY 25a. DATE	PRECID. BY REG	HING	TON Sb. REGIST	D. C TRAR'S SIGN	ATURE	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is marked at them 18 shows any injury, at other traumate

1587 - 188 - YEST nive Seet, 7.1807 SA STATE OF THE PROPERTY OF THE P carries that design and a second seco eration lend to the state of th Yes of the constraint of the constraint of the constraint of I. Just HULLON, .3: 3 | 19015 nodycord 28., Olinton, d. 6633 01d Alexander Perry Rd. Chinago. d | Waff | 1182 |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	OR PRINT) MADE		H11	HARA		5 16 82	1
3. SE	×	1. RACE	5. DATE OF B	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS
la Bi	IRTHPLACE (STATE OR FOREIGN	WHITE  76 CITIZEN OF WHAT COUN'	JUNE 1	13, 1897	9. BALTIMORE CITY OF	YRS. P COUNTY OF DEATH	
	COUNTRY)  ENNESSEE	1150	MARRIED	NEVER MARRIED	00 105 G	ACT C	(9
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			12a. USUAL OCCUPATIO		BUSIN
1	ADERPHI	MANOR CARE	STREET ADDRESS)	I NURSING H	TYPE OF WORK FOR MOST OF	1 - 1	ne
	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE ONTY	BEFORE ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRESS		
M		r. Co. Cours	A	ES NO	8524 63	P AVENUE	
4. FA	ATHER'S NAME	MIDDLE	15.	MOTHER'S MAIDEN NA	WE	LAST	
1- 1	BEDFORD	forest Rig	GINS	LIZZIE	ADDRE	DCAROUT	7/_
		VE WAR OR DATES)	SECURITY NO. 17	. INFORMANT	11.	10	
	NO A	IONE  411-	) 2 - Toole	UZABETH IN	USTIN (DAYE	APPROXIME BETWEEN OF	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DBY: OTRIV	20 vacul	In acci	lant	BETWEEN OF	/A
	11215	TE CAUSE (a)				10	
	Conditions, if ony, which	DUE TO, OR AS A CONSI	EQUENCE OF				
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF	and the second	AND DESCRIPTION	0 10 10 10 10 10 10 10 10 10 10 10 10 10	
	underlying couse lost.	(c)	LOOLINGE OF				33
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	TRELATED TO THE TIPA	AINAL DISEASE OR COND	TION GIVEN IN PART 110	do
	Arreno des	ic Heart Dises	et au	ial Tillia	link is ait		43
TIO		196. CONDITION FOR WI	HICH OPERATION V	VAS PERFORMED	706 ASTOPSY?	206. IF XES, WERE FINDING IN CERTIFYING CAUSES (	GS US
FICATION	190 DATE OF OPERATION						
ERTIFICATION		216 TIME OF INIURY	12	It HOW INTURY OCCUR	YES NO	YES TO BEAUTION OF THE TOTAL T	
AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	1c. HOW INJURY OCCUR	YES NO		
	21a. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	DAY YEAR	If LOCATION	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	NO
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19			Y IN ITEM 18, PART 1 OR PART 2)	
	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 21 FFICE, FARM, ETC.)	If LOCATION STREET  MALL 19 76	CITY OR TO	Y IN ITEM 18, PART 1 OR PART 2)  WHY COUNTY	NO hat (1)
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a.1 certify that (I) (this hospi saw the deceased glive an	HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 21 FFICE, FARM, ETC.)	If LOCATION STREET  MALL 19 76	CITY OR TO	Y IN ITEM 18, PART 1 OR PART 2)  NN COUNTY	NO hat (1)
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RIVERDAIE,

FINIZEM HOME

25a. DATE REC'D.

BY REGISTRAR 256 REGISTRAP SIGNA UNE 1982

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remayal.

	FOR		DEDARTM		E OF MARYLAND	IPMP AS TO		mary	inter a
1.	STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	0 4		3 5	9 1
	ECEASED NAME	FIRST	MIDDLE		LAST	REG. N		DAY YEAR	2b HOUR
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3. SE		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS.
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3 R	IVERDALE	EUGENE	LELAND M	EMOR1	IAL HOSPITAL	HOUSEWIFE	OF WORKING LIFE	OWN H	OF BUSINESS OR
5 M	aryland	Prince Geo.	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Hyattsvi	٧	13d. INSIDE CITY LIMITS? YES X NO [	13e 7209 24th	Place		
1	ATHER'S NAME Michael	MIDDLE Fle	shman		Is mother's maiden Na/	Alice MIDDLE		Duvall <sup>AS</sup>	i1
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	sow the deceased	d olive on view the body	19 8	7	nd that in (my) (appropriation of	to 5/2 death occurred on the c	date and hour		that (I) (we) lost causes stated
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Hyattsville, Maryland

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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Mildred Madeline Hooley 6 1982 Mav 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH YEAR Female White Jan 77 1012 70 TO BIRTHPLACE ESTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED Virginia WIDOWED Prince Georges County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Malcolm Grow USAF Medical Center Andrews AFB Home Maker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Forestvill 8111 Red View Drive Marvland YES NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Phillip Wisecarver Stella Franks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT Md. 160-05-9514 No Susan Cortese 3047 Brinkley Rd Temple Hills APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line to 10 10 00 00 10 CARD TOPULMONARY MREST 10 PART I. DE ATH WAS CAUSED BY ardiopulmonary AVIEST IMMEDIATE CAUSE (o CANSEQUENCE OF CHREBRAL AMBOLUS MEDULLARY COMPROMISE Vandage Conditions, if ony, which Compromise gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from. May May 6 saw the deceased alive on\_ , and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated 77E SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME THE CHINAT 22e. ADDRESS MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB, MARYLAND 20331

RUDOLPH ROTH, CAPT, USAF, MC 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

23d LOCATION

Suitland, P.G., Maryland

Home Funeral

Burial

(SPECIFY)

Robt E Wilhelm 4308 Suitland Rd., Suitland, Md.

5-10-82

250. DATE REC'D. BY REGISTRAR 251 PEGISTRAR SIGNATURE

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO FIRST DECEASED NAME O. DATE KNOWN FOR 26 HOUR (TYPE OR PRINT) OF 198 DEATH MATED Juzfa (N\_M\_I\_) Hozalski 6. AGE (IN YEARS IF UNDER 1 YR 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE AST BIPTHDAY PRONOUNCED 198 Female White Dec. 24,1891 90 DEAD YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRYL Prince George's County Poland Poland DIVORCED 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY **Beltsville** 4511 Yates Road Housewife Own Home ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 3a STATE 13b COUNTY 13c. CITY OR TOWN 4511 Yates Road Maryland **Beltsville** YES X NO [ P.G. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE FIRST Mari Kuyawska Anna Last Name Unknown Martin 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** Address Same as 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR OATES) 400-09-2683-D No# 13e. Ann H. Breenwood No APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY re MardioTrason IMMEDIATE CAUSE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 3 SHOULD BE DEPARTMENT BURL 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY 220. I certify that I taok charge of the remains a formed above, held an Autopsy and in my opinion Inspection Homicide Undetermined monner Notural causes May 18,1982 EXECUTE THE C PAGE A SHOU TO FUNERAL D AFTER DEATH, BAUTIMORE, MA MEDICAL EXAMINER SIGNATURE Augusto P. Rodriguez, M.D. 5009 Rayburn Ct. Camp Springs, Md. 30. BURIAL CREMATION REMOVAL 236 DATE St. Mary Cemetery Burial 5-21-82 Elyria Lorain Ohio TOWNAR 196 REGIST DHMH - 17 F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 15M 7/76

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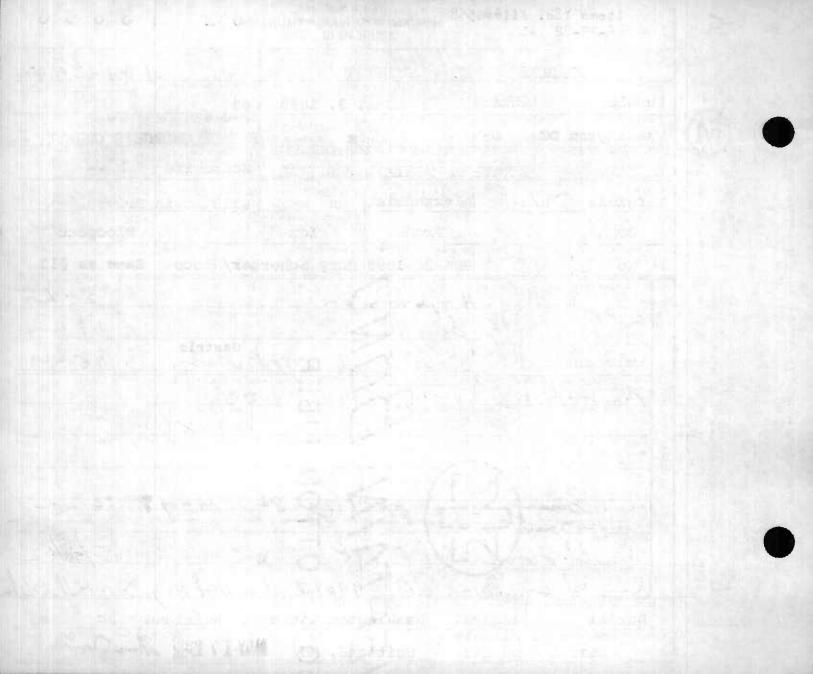
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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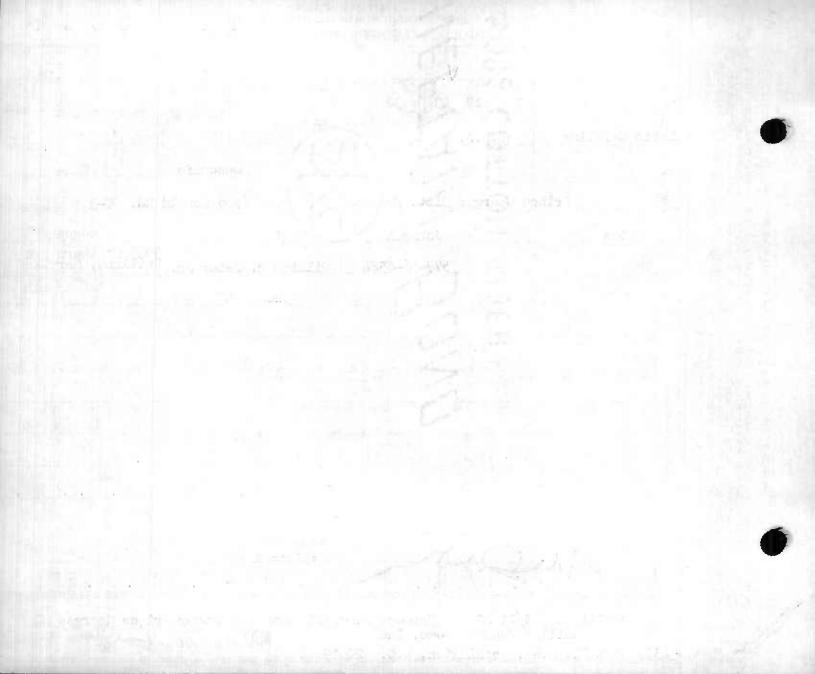
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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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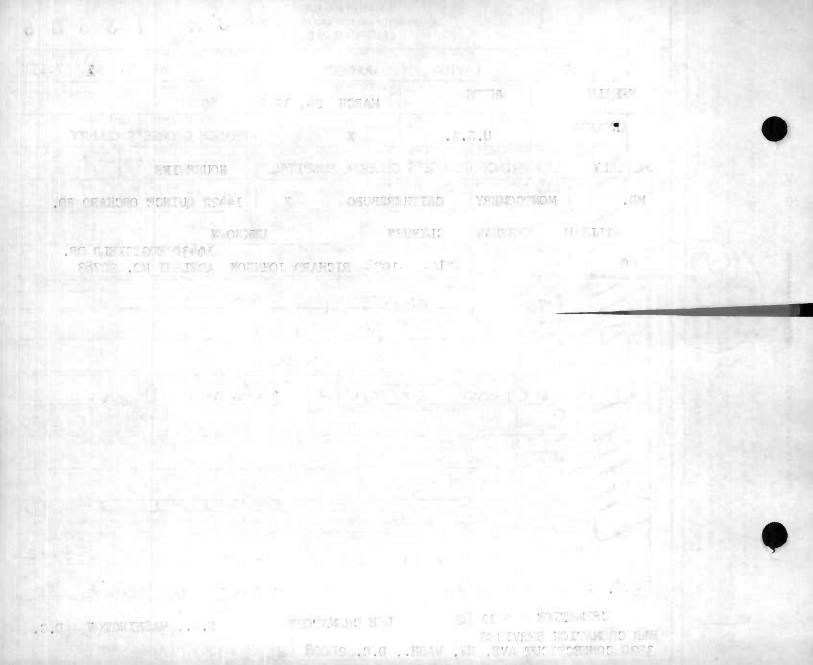
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DIVISION OF VITAL RECORDS, 301 W. PRESTOING PHYSICIAN. The low requires that the death ottending physician. The low requires that the death tert his certificate has been signed by the ottend so the buriol-transit permit. Then please remove con the and Mental Hygiene prior to buriol, cremation, a streed or frem 18 shows any injury, or other froumat	ME	WHILE NOT WHILE AT WORK		T, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		C	ITY OR TOWN		COUNT	Y	STATE
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of of star A	23a. B	URIAL, CREMATION, REMOVAL	L 23b. DATE	23c. N	AME OF CE	METERY OR CREM	ATORY	123d. LOCATI	ION	LVI	W.	7	
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STATE OF MARYLAND

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Cention May ID 1982Ft. Lincol Green convidentence, Mr. 16040 Amagolis Br.
Seall Finer 1 Hamp Bovie, Maryling

1x	FOR STATE REGISTRAR			ST DEPARTMENT O DICAL EXAMI	FHEALT		NTAL HY	GIENE	2	REG. NO	3	6	0	8
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IF ANY DELAY IS NECESSARY IF AND 3 TO THE FUNERAL DIR SHOULD BE FILED. WETHIN YOU RECORDS. 201 W. RESTON	10. CITY OR TOWN		11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH		DIVORCED	20 USUAL	OCCUPA OF WORKIN	TION (TYP	rge'	12b K1	ND OF BURINDUST	MD.
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III ANG JA)		vid Paul	Jone	S		Virgi		C.		La	rson			
I., BALTIMORE, M URS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PM TO THE FORM PM TO	(YES, NO, OR UNKN	ED EVER IN U.S. ARA		21.2 60 20		David		Jones		ADDRESS as		e		
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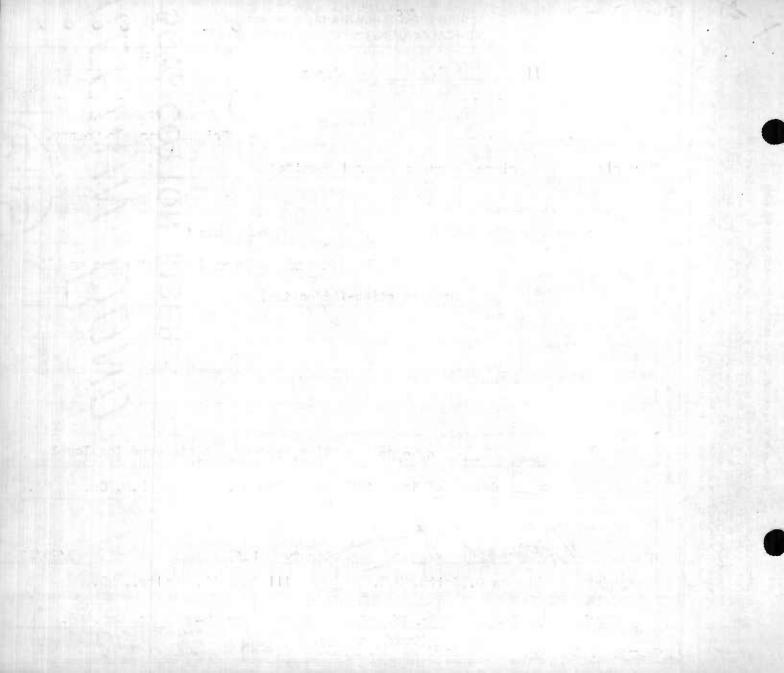
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i Se	7	PARTIDE	ATH WAS CAUS	ATE CAUSE (a)		reaction	(Lidoca	ine)				BEIWI	EEN ONSET	AND DEATH
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. IRANSII PERMIT.  BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.  A CONTROL OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D  BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	/	85	52	0	AS A CON	SEQUENCE OF						1		0.00
AL H			ns, if any, which se to immedia											
S. O.			stating the unde		AS A CON	SEQUENCE OF				- 1010	0.96		71.795	
<u>N</u>				(c)										
EWA	Z	PART 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH I	BUT NOT RELA	NTEO TO THE TERMINAL DISE	ASE OR CONDITION GIV	VEN IN PART 1 (a).						
5	ATIC	190. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPERATION	WAS PERFORME	D?				20 AI	UTOPSY?	
NEA PRA	CERTIFICATION	7 7,-1										Y	ES EX	NO 🗆
1	CERI		AL CAUSE WAS	21b. TIME OF HOUR A.M			HOW INJURY OC					ART 2)		
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3		ACTUAL	11/1	4711 - 16	1) 4	4	TITLE (SPEC							
ń,		SIGNATURE	y N	- mon	1	MX	MD Deput	y Chiq	EDICAL EXA	MINER	DATE	ED	5/28	1/82
2		EXAMINER'S (TYPE OR PRI	NAME NT)	Thomas D.	Smit	h, M.D.	_ADDRESS	III Per		Balt	o., M	1D.		
Ď.	23a.B	URIAL, CREMA	TION, REMOVAL			NAME OF CEMETERY			LOCATION ITY OR TOWN		cou			ATE
	21.5		urial	6-1-82	F	t. Lincolr				ood, Pi				
	-	UNERAL DIREC		ADD 24	6, N.	Washingto	n St.	DATE REC'D	A 10	AR ZSB. REG	Tanus	MATL	2 Page	AAAA.
5))	. (	-eorge	R. Snow	den Ro	CKVI.	He. Ma. 2	บชอบ [	( ( ( ) )	A IJ	UG PI	4	6.4.		

15M 2/80



/	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3610
		CEASED NAME FIRST	MIÖDLE	LAST	20. DATE OF DEATH MONTH D	PAY YEAR 26. HOUR
9 °C 4	,,,,,	John	<b>★</b>	asulke	5-2	3.82 5:30 PM
	3. SE	X .	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White	10 31 00	&/ YRS.	
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
E SO		U.S. A. Md.	U.S.A.	WIDOWED DIVORCED	Prince Geo	
by the fu	10 C	to loki	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE  Clerk	126 KIND OF BUSINESS OR INDUSTRY Liquor Store
E, MARYLAND 212 ecuted within 24 hor completely filled in b 1 and 2 should be fill hedicaexamingrimus	130.	Md. Price	MODLE  Kasulke	N 13d. INSIDE CITY LIMITS? YES NO□  15 MOTHER'S MAIDEN NA FIRST  Annie	MIDDLE	ermillion
MOR be ex ages the n	16a V	VAS DECE ASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI NO	E WAR OR DATES)		ADDRESS	0 2
es that the death c by the attending ase remove carbon ial, cremation, or r y, or other traume		Conditions, if ony, which gove rise to immediate cause (o), stoling the underlying cause last.	DBY.  TE CAUSE (0) L 2 2 4  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	r 400100m	APPROXIMATE INTERVAL  RETWEEN OMSET AND DEATH
The law re mit. The e prior to ows any	CERTIFICATION	PART 2 OTHER SIGNIFICANT ( POJJ 10  190 DATE OF OPERATION	de Poeuni	DEATH BUT NOT RELATED TO THE TERM OFFICE OF THE TERM OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI	200 AUTOPSY? 200. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL R DING PHYSICIAN: T strending physician. After this certificate has the burial-transit per tith and Mental Hygien marked or Item 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D.	21c HOW INJURY OCCUR	YES NO YES	S NO NO
DING PHY trending ph After this of a she burial th and Men marked or	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
ALON ATTEN he hospital or a LUIRECTOR ached for use e Dept. of Hean TT: If Item 21 is		saw the deceased alive on	ortiol) ottended the deceased from 19.00 of the body of terreleath.	DEGREE COLLO	death occurred an the date and house the date and h	19_dz_, that the (we) lost one from the couses stated  22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detact with the State E	22.		unowitz, m.	220 ADDRESS 10300 Green	loef Rd., Seobro	ok, md. 2010 b
2863	- {	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	5-26-82 Epi	phany Ch. Cem.	Forestville,	
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director Robt uneral Home	E Wilhelm, opers 43 Rd., Suitl	oo barcrana	RECID BY REGISTRAR 256. REGIST	RAR'S TONATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 2h HOUR MARIAH KETTH 05 SEX 4 RACE A AGE (IN YEARS LAST BIRTHOAY) 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH Female Black 5. 1900 May 81 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges North Carolina USA WIDOWEDX ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING HEET Southern Maryland Hospital Clinton Retired ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 130 CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Lanham 5117 Whitfield Chapel Rd. Marvland NO | 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV MIDOLE Willie Brodie Sallie Cannady Hillcrest Hgts., Maryland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN LIE YES GIVE WAR OR DATES! 240 48 2339 Mary Shaw-daughter-3811 24th Avenue no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5.3. 82 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT! Massoud Nemati Branch Ave. Marlow Hgts. Md. 20748 230 BURIAL, CREMA! 23k DATE NAME OF CEMETERY OR CREMATORY Burial Washington National Cemetery-Suitland, Md.

Home-4001 Benning Road N. E

Funeral

DHMH - 16 50M 1/B1 (VRA 15, 4)

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		FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	REG		3 6	12
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Z	U	ASH. D.C.	U.S.A	MARRI WIDOW		Prince			Cty.MD
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7	130 5	TATE D.C. 130 COL		OR TOWN	YES NO	130 STREET ADDRES	1. St. N	E. WA	15H.
101	14 FA	Preston Kel	eher eher	LAST	IS. MOTHER'S MAIDEN N			LAS	20003
3			RMED FORCES? 16h SOC INE WAR OR DATES) 579	-60-1763	17 INFORMANT  4+B Frank R.		ress usin Box	x 179 I	12836 Hague, N.
	No	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A C	ONSEQUENCE OF	Carolismyo	ly, ally	Thrata publition give	N IN PART 1	0
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111	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21 INJURY OCCURRED  WHILE COUNTY OF THE CAUSE AT WORK	EATH HOUR A.M. MO	NTH DAY YEAR 19	216. HOW INJURY OCCU	JRRED (ENTER NATURE OF IT		RT I OR PART 2}	STATE
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2	230 B	URIAL, CREMATION, REMOVA	23b. DATE	23c. NAME OF	EMETERY OR CREMATOR	23d LOCATION		COUNTY	STATE

24 FUNERAL DIRECTOR

ADDRESS
Lee Funeral Home 300-4th St.N.E. Wash.D.C. 2002

DHMH - 16 50M 1/81 (VRA 15, 4)

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Lee Anneral Kone 300-4th St. V.B. Vesh.D.C. 20002

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F., BALTIMORE, MD.  10. SAFTER DEATH. II.  10. GIVE PAGES 1, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	16e. V	VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUR		17 INFORMANT			Address S	ame as
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A PEN Y	1	lying cause last.	the under-	DUE TO, OR A	AS A CONSEQUENCE	OF					
S PINE S S S S S S S S S S S S S S S S S S S		BART 2 OTHER CICARICAN	T CONDITIONS CO.	(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST RITING THE WORD "EEXECUTED WITHIN 24 HOU RIDED TO THE CHIEF MEDICAL EXAMINER ALONG RESTOUD BE USED AS A BURIAL. TRANSIT PERMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	TAKE 2 OTHER SIGNIFICAN	T CONDITIONS CON	MIKIBUTING TO DEATH SI	JT NOT RELATED TO THE TER	TMINYT DIZEYZ	E DK CONDITION GIVEN I	Y PART 1 (a).			
MEN WER	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTO	PSY?
SHOULD ORD "PE CHIEF A E USED," PE USED, USED, USED, USED, USED, USEN, U	IFIC									YES	
WO BE		210. EXTERNAL CAU		21b. TIME OF		Zic Ho	OW INJURY OCCU	RRED LENTER NATURE O	F INJURY IN ITEM 18 P		7 10 [3
NO PER SECTION OF SECT		UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAY YEA	AR					
AISING TERTING	MEDICAL	214 INJURY OCCUR		21e PLACE O	FINJURY (ATHOME,		CATION		-	THE STATE OF	The second
DIN CHILD CH	2	AT WORK AT W	WHILE	STREET, FACTO	PRY, FARM, ETC.]	5	STREET	CITY O	TOWN	COUNTY	STATE
DIVISION OF VITAL RE DIVISION OF VITAL RE ICATE. WRITING THE WORD. "PEI E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURRAL,			I took charge	of the remains defe	ribed above, held an	Autap	sy , Inspe		1	10	
MAN DETA		death resulted from				Suicide	, Homicide	ctian [ , Inqu ]. Undetermined	′	d in my apinion	
ERTIE B			Lun	.000	1. mes		TITLE (SPECIFY				
A HANDONE	1	ACTUAL SIGNATURE	regun	cx f. fes	my my	M	Deputy		AMINER	DATE SIGNED	17-82
NE STEET	7 -	EVALUEDIO MANO	//		110	salt-					DATE OF
TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIT BATTMONE, MARYLAND, 2	-	(TYPE OR PRINT)	August	to P. Rod	tiguez, M.	.D.	ADDRESS 5009			ple Hills,	Md.
5X4548_	230.B	URIAL, CREMATION, F	100		23t. NAME OF C			23d. LOCATIO CITY OR TOWN Chelte	N	COUNTY	STATE
BP		Buria	1 5	5-21-82	Md. Vet	erans	Cemeter				ryland
DHMH - 17	24 F	Gasch's	Jane E	D ADDRESS	Wwattevill	e. Md	25a. Da	THIC 2 BY REPOR	2 PATREGIS	TRAP SIGNAPUR	the
(VR A15 ME (5) ) 15M 2/80	F	Gasen's	ons r.	n. r.A.	117 4 5 02 4 1 1 1	.09 110				2	

.N.S.P.U Jainolomoin's infinential desirable to the stringer Tringe Correct Mantenative of the August Books and Inches Yelley Sebecca Faulda Yes-)roy (.W.II 049-05-2933 )rs. Darkina H. Kellev volle. Rurial 5-21-82 Nd. Veteraus Countery Cheltonian 2.C. Maryland P. Gasch's Sons J. I. . . Wynttsville, W.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

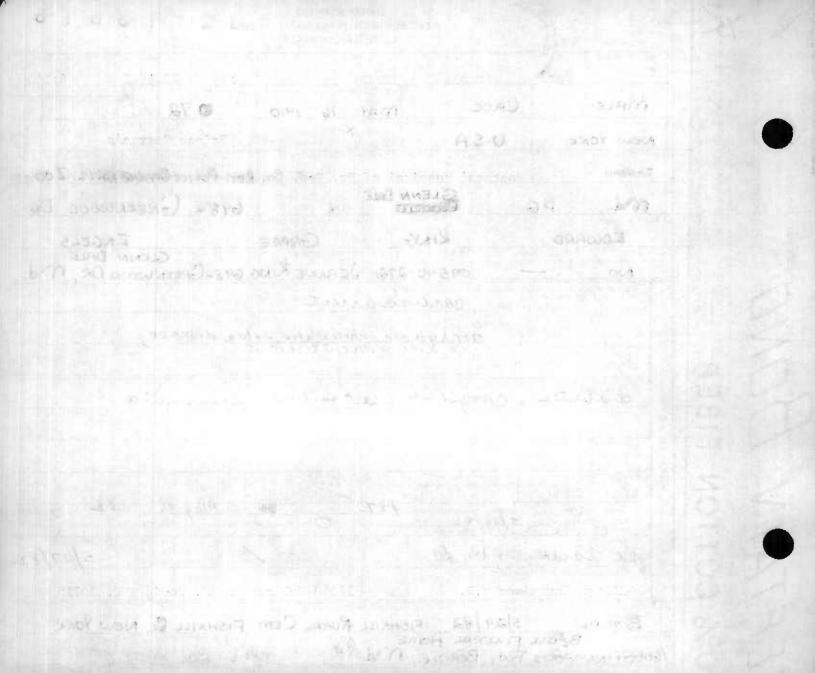
REGISTRAR

- STATE

Sales V Man 16, 1925 MATTER OF THE STATE OF THE STAT CHEVEN Y AND A STREET AND PROPERTY OF THE PROP Charles of March 1982 Control of the Fred in Mer. ALENE SILVENIES SILVENIES 5/1/2 SHOW THE SERVE WILLS . 

6 1000 Harry Chief Land Andrew Controlled and Controlled and Controlled Annual Controlled A 247 Consequences of the second

72	75	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 2 1	3616
	100	I. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
	M & 0	(TYP)	OR PRINT)	A a 1 .1	VINC	07.100	
	ap 1	3. SE	Earl	Arnold 4 RACE	KING 5. DATE OF BIRTH	May 27, 198	2 4:30A M
			MALE	CAUC.	MONTH DAY YEAR 16 1910	₩ 72 YRS	MONTHS DATS HOURS MIN.
	- WIND	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
	1		VEW YORK	U.S.A	WIDOWED DIVORCED	Prince Georg	e's MD.
	21 300	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	17b. KIND OF BUSINESS OR
201			Lanham	Doctors' Hospit	tal of Pr. Geo. Co.	RET. POLICE OFFICI	
021	Pag do		AL RESIDENCE (IF NURSING HOME COU	INTY 131 CE DEN	M DOLE 138. INSIDE CITY LIMITS?	13e STREET ADDRESS	~
LAN C	1 2	14 5	THER'S NAME	G. Essenti	YES NO 15. MOTHER'S MAIDEN NA		ENWOOD DR.
MARY	and 2	14 17	FIRST	MIDDLE	FIRST	MIDDLE	LAST
шì	man / man	16a V	EDWARD VAS DECEASED EVER IN U.S. A	RMED FORCES? 1166 SOCIAL SEC		ADDRESCLEN	ENGELS
ALTIMOR	Poge medic		YES, NO OR UNKNOWN)   IF YES, G	O95-10-	1.	G. 6982 GREEN WO	N DATE
ALTI	the r					O. WY WALAKEEN USC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E0 .	phys npop move	1		only one couse per line for (o), (b), or SED BY ATE CAUSE (o)	acanest		BETWEEN ONSET AND DEATH
N N	ding prbo or re		3979	DUE TO OR AS A CONSEQU	ENCE OF	Carles Andrews	
PRESTON	ove c fion,		Canditians, if ony, which	( b) arrhyth	ma rheumatic u	alve direase.	
3	by the ose remo		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	ma rheumatic u Carterio scieros	15	
201	and on ple purio y, or	1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
ORDS	The pr to linjur	0 N	disbetes	, considere	- Wart failure;	pollimonia	e
L RECORDS.	has been permit and particular permit and particular permit and particular permit and pe	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS ERFORMED	700 AUTOPSY? 206. IF YES NOT YES YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)
DIVISION OF VITAL	physicia infrcate -transit of Hygie n 18 sha	CERT	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	
0 3	certifu certifu iniol-tr entol 1		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
NO S	of A bu	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
SIVI	offer the state of the order or	2	AT WORK NOT WHILE AT WORK	TAT HOME STREET, PACTORY OFFICE,	PARM, EIC)		
- 2	R: A	94		oital) attended the deceosed fram.	1976 19 -33	to May 26	19 8-2 . tho (we) lost
	Spite d for t. of t		sow the deceased alive of obove. (II) we) (did) (did)	n 5 26/82 19		death occurred an the date and hav	
9	DIRE Dep Dep		22b. SIGNATURE	· - 1. 0	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED
3	by the Branch of the Store		THE PHYSICIAN'S NAME LIVE	CORPULIE OCC	PHYSICIAN D	DIRECTOR   PHYSICIAN	13/21/82
Š	retoined by the TO FUNERAL should be detive the Store					at Es DJ Danie	M3 2071F
5	should be with	73a F	Gillian Kara BURIAL, CREMATION, REMOVA		14300 Gallat	nt Fx Rd. Bowie,	Md. 20/15
- 1 1 - 1	R/P	250.	SPECIFY) BURIAL		SHKILL RURAL CEM	CITY OR TOWN	JEW YORK STATE
0400	MH - 16 50M 1/81	24 FI	JNERAL DIRECTOR 13 COL	L FUNERAL HOW	1= 00 250 DAT	E REC'D. BY REGISTRAR 256, REGIST	
OI	(VRA 15, 4)	16	OOD ANNAPOLI	Rd. BOWIE,	My ma	W 1 1982 Man	we familiar
		10	OCO MNONPOW	3 174' DOWLE	1 1 14	SALVE IOOF A TOTAL	



	REGISTRAR  DECEASED NAME (TYPE OR PRINT)	8a&b 7-15 ME	MIDDLE	LAST	Zu. DATE K	REG. NO.	DAY YEAR 26 HOUR
	4	Charles	Daimon H.	Knight	DEATH	MATED 5	1119 82 M
3.	SEX 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF	UNDER 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d HOUR
	male blac		1982 YR	- Moralis Dais	DURS MIN. PRONOUN DEAD	5	11 19 82 4:30
	BIRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED   NEVER	MARRIED 9. BALTIMO	ORE CITY OR COUN	TY OF DEATH
	Vew York	U.	S. A.			ce George	County MD.
10	CITY OR TOWN OF DEATH	11, NAME OF HO	SPITAL, NURSING HOME,	OR OTHER INSTITUTIO		ATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
4	Oxen Hill	10705	Indian Head		None	ino (ii c)	None
13	SUAL RESIDENCE (IF IN NURSING IL STATE IN NURSING NEW YORK	GHOME OR OTHER INSTITUTION, GOUNTY	13c. CITY OR TOWN Bronx	13d INSIDE CITY L	IMITS?   130. STREET ADDRES	s 669 E. Y. 10466	234 thStreet
14	FATHER'S NAME	WIDDLE			MAIDEN NAME	DDLE	LAST
7	Chärles	Mode	Knight	Elis	a		Perez
16	WAS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17. INFORMAN	Bronz,	ADDRESSN . Y	. 10466
	No	11.0, OIVE WAR OR DATES	None		arles Knigh	t 669 E.	234th St.
		(c)					
	196. DATE OF OPERATIO	IN 196 COND	ITION FOR WHICH OPERA	ATION WAS PERFORME	)?		2D AUTOPSY?
	210 EXTERNAL CAUSE V	VAC OIL TILE	E INTUINV	Lau House			YES 🛛 NO 🗌
		HOUR A.A	A. MONTH DAY YEAR	ZIC. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PA	ART 2)
	CONTRIBUTING CAU  21d. INJURY OCCURRED  WHILE NOT WH		A. 19 OF INJURY (ATHOME,	211 LOCATION			
	WHILE NOT WH		CTORY, FARM, ETC.)	STREET	CITY OR TOW	'N CO	DUNTY STATE
	22s I certify that 100 death resulted from	k charge of the remains de	cribed abave, held an	Autapsy XX In	spectian , Inquiry Undetermined ma	and in my o	pinion
	Lecture /	(1)	141	TITLE (SPEC	CIFY)		
-	SIGNATURE	Morrock	/ mos	M.D. Deput	yChief MEDICAL EXAM	INER SIGNI	5/12/82
1	EXAMINER'S NAME	Thomas D. Sm	ith M D				771111
1	(TYPE OR PRINT)	Homas D. Sil	IIII, M.D.	ADDRESS		Balto MD	21201
1		21111 221 2 1 2			TOTAL LOCATION		
23	BURIAL, CREMATION, REMO	DVAL 23b. DATE		ETERY OR CREMATORY	CITY OR TOWN	cou	NOW TORSON
		5/17/82	George	Wash.Mem.	Pk. Parami	us,	New Jersey
2	Burial, cremation, remo	5/17/82 HTIMINE ADDRES		Wash.Mem. 21716 230.	Pk. Param	us,	New Jersey

